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To The Board of Directors
St. Mary's Medical Center
3700 Washington Avenue
Evansville, Indiana 47750

We have compiled the CMS Form 2552-96 Medicare/Medicaid cost report for St. Mary's Medical Center as of June 30, 2008, included in the accompanying prescribed form.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services (CMS) information that is the representation of management. We have not audited or reviewed the cost report referred to above and, accordingly; do not express an opinion or any other form of assurance on it. The cost report was compiled by us from financial information that was provided by management.

The Medicare/Medicaid cost report is presented in accordance with the requirements of CMS, which differ from generally accepted accounting principles. Accordingly, the cost report is not designed for those who are not informed about such differences.

Sincerely,

Horne LLP

HORNE LLP

11/26/08
DATE

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	15-0100	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/24/2008 TIME 13:43

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

ST. MARY'S MEDICAL CENTER 15-0100

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/24/2008 TIME 13:43

65gTcnRUPkfoxvn:w09odgwyVsuFB0
R2Uxt0jgf4Dc7CHmr3Lr6WjsMB1TWv
H:Mp1Fzi9K02r95X

PI ENCRYPTION INFORMATION
DATE: 11/24/2008 TIME 13:43

Obs4p9dAR:sizdpqRihtFrGnNVMe30
1NMw30Iq8ehycYaIKfnSLt8HVDQ223
uRFDa988UJ0Gctrb

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

SVP-CFO

TITLE

11/26/2008

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	-475,644	-81,259	0	
2 SUBPROVIDER	0	16,169	0	0	
2 .01 SUBPROVIDER II	0	77,234	0	0	
100 TOTAL	0	-382,241	-81,259	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
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FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
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COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/24/2008 TIME 13:21

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

ST. MARY'S MEDICAL CENTER 15-0100

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	-520,971	-81,259	0
2	SUBPROVIDER	0	16,169	0	0
2 .01	SUBPROVIDER II	0	77,234	0	0
100	TOTAL	0	-427,568	-81,259	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR ST. MARY'S MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 (05/2008)
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0100 I FROM 7/ 1/2007 I WORKSHEET S-2
I I TO 6/30/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3700 WASHINGTON AVENUE P.O. BOX:
1.01 CITY: EVANSVILLE STATE: IN ZIP CODE: 47750- COUNTY: VANDERBURGH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	4 5 6
02.00 HOSPITAL	ST. MARY'S MEDICAL CENTER	15-0100		7/ 1/1966	N P O
03.00 SUBPROVIDER	ST. MARY'S STRESS CENTER	15-S100		7/ 1/1987	N T O
03.01 SUBPROVIDER 2	ST. MARY'S REHAB UNIT	15-T100		7/ 1/1999	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4
20.01 SUBPROVIDER II 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(C)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /	/ /
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /	/ /
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02		
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2 3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0 0.0000 0.0000
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
MISCELLANEOUS COST REPORT INFORMATION			
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N	
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL			
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V	XVIII XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	1	2 3
		N	Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H056
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		Y	0.00	N	0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(i)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0100
 I PERIOD: 7/ 1/2007
 I FROM 7/ 1/2007
 I TO 6/30/2008
 I PREPARED 11/24/2008
 I WORKSHEET S-3
 I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	292	106,872				26,225	3,900
2	HMO						1,593	9,871
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	292	106,872				26,225	3,900
6	INTENSIVE CARE UNIT	63	23,058				7,114	
6	01 PEDIATRIC ICU							
6	02 NEONATAL ICU	35	12,810					
7	CORONARY CARE UNIT	9	3,294				843	
11	NURSERY							
12	TOTAL	399	146,034				34,182	3,900
13	RPCH VISITS							
14	SUBPROVIDER	14	5,124				776	140
14	01 SUBPROVIDER 2	50	18,300				5,973	407
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							
20	AMBULATORY SURGICAL CENTER (
25	TOTAL	463						
26	OBSERVATION BED DAYS							1,307
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			52,965					
2	HMO								
2	01 HMO - (IRF PPS SUBPROVIDER)								
3	ADULTS & PED-SB SNF								
4	ADULTS & PED-SB NF								
5	TOTAL ADULTS AND PEDS			52,965					
6	INTENSIVE CARE UNIT			12,310					
6	01 PEDIATRIC ICU								
6	02 NEONATAL ICU			10,515					
7	CORONARY CARE UNIT			1,544					
11	NURSERY			2,742					
12	TOTAL			80,076				3.33	
13	RPCH VISITS								
14	SUBPROVIDER			2,611					
14	01 SUBPROVIDER 2			8,219					
15	SKILLED NURSING FACILITY								
16	NURSING FACILITY								
16	01 ICF/MR								
20	AMBULATORY SURGICAL CENTER (
25	TOTAL							3.33	
26	OBSERVATION BED DAYS	22	1,285	9,785		343	9,442		
26	01 OBSERVATION BED DAYS-SUB I								
26	02 OBSERVATION BED DAYS-SUB II								
27	AMBULANCE TRIPS								
28	EMPLOYEE DISCOUNT DAYS								
28	01 EMP DISCOUNT DAYS -IRF								

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					6,659	584	15,181
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
6	01 PEDIATRIC ICU							
6	02 NEONATAL ICU							
7	CORONARY CARE UNIT							
11	NURSERY							
12	TOTAL	3.33	1,992.58			6,659	584	15,181
13	RPCH VISITS							
14	SUBPROVIDER		17.45			76	21	425
14	01 SUBPROVIDER 2		40.98			428	30	608
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							

		I & R FTES	--- FULL TIME EQUIV ---		DISCHARGES			
COMPONENT		NET	EMPLOYEES	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
		9	ON PAYROLL	WORKERS	V	XVIII	XIX	PATIENTS
			10	11	12	13	14	15
20	AMBULATORY SURGICAL CENTER (
25	TOTAL	3.33	2,051.01					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	104,806,315		104,806,315	4,266,099.00	24.57	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A	124,382		124,382	1,217.00	102.20	A-8-2
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B	1,569,893	267,656	1,837,549	23,747.00	77.38	A-8-2
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)	398,858	-267,656	131,202	6,917.00	18.97	
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL SNF	3,722,767		3,722,767	156,759.00	23.75	A-8-1
8.01 EXCLUDED AREA SALARIES	13,844,350	-48,215	13,796,135	329,292.00	41.90	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	1,567,747		1,567,747	30,611.00	51.22	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
10 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01 CONTRACT LABOR: PHYS PART A						
11 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	10,673,159		10,673,159	266,628.00	40.03	A-8-1
12 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12.01 HOME OFFICE: PHYS PART A						
13 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14 WAGE RELATED COSTS						
15 WAGE-RELATED COSTS (CORE)	22,373,540		22,373,540			CMS 339
16 WAGE-RELATED COSTS (OTHER)						CMS 339
17 EXCLUDED AREAS	5,109,776		5,109,776			CMS 339
18 NON-PHYS ANESTHETIST PART A						CMS 339
19 NON-PHYS ANESTHETIST PART B						CMS 339
20 PHYSICIAN PART A	33,281		33,281			CMS 339
21 PART A TEACHING PHYSICIANS						CMS 339
22 PHYSICIAN PART B	491,679		491,679			CMS 339
23 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
24 INTERNS & RESIDENTS (APPRVD)	35,106		35,106			CMS 339
25 OVERHEAD COSTS - DIRECT SALARIES						
26 EMPLOYEE BENEFITS	889,421	132,510	1,021,931	42,698.00	23.93	
27 ADMINISTRATIVE & GENERAL	11,506,094		11,506,094	1,021,965.00	11.26	
28.01 A & G UNDER CONTRACT						
29 MAINTENANCE & REPAIRS						
30 OPERATION OF PLANT	3,192,932		3,192,932	150,460.00	21.22	
31 LAUNDRY & LINEN SERVICE	669,225		669,225	55,876.00	11.98	
32 HOUSEKEEPING	2,151,349		2,151,349	201,785.00	10.66	
33.01 HOUSEKEEPING UNDER CONTRACT						
34 DIETARY	1,688,781	-880,122	808,659	64,956.00	12.45	
35.01 DIETARY UNDER CONTRACT		880,122	880,122	82,516.00	10.67	
36 CAFETERIA						
37 MAINTENANCE OF PERSONNEL						
38 NURSING ADMINISTRATION	2,436,620		2,436,620	111,204.00	21.91	
39 CENTRAL SERVICE AND SUPPLY	1,335,609		1,335,609	82,376.00	16.21	
40 PHARMACY						
41 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,420,486		2,420,486	139,274.00	17.38	
42 SOCIAL SERVICE						
43 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	99,114,797		99,114,797	4,078,676.00	24.30	
2 EXCLUDED AREA SALARIES	13,844,350	-48,215	13,796,135	329,292.00	41.90	
3 SUBTOTAL SALARIES	85,270,447	48,215	85,318,662	3,749,384.00	22.76	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,240,906		12,240,906	297,239.00	41.18	
5 SUBTOTAL WAGE-RELATED COSTS	22,406,821		22,406,821		26.26	
6 TOTAL	119,918,174	48,215	119,966,389	4,046,623.00	29.65	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	26,290,517	132,510	26,423,027	1,953,110.00	13.53	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 15-0100 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 11/24/2008 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 59,376

17.01 GROSS MEDICAID REVENUES 15,854,591

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 15,913,967

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .358191

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 68,997,972

Health Financial Systems	MCRIF32	FOR ST. MARY'S MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)	
		I	PROVIDER NO:	I PERIOD:
HOSPITAL UNCOMPENSATED CARE DATA		I	15-0100	I FROM 7/ 1/2007
		I		I TO 6/30/2008
		I		I

PREPARED 11/24/2008
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	24,714,453
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	55,566,600
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	19,903,456
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	24,714,453

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0100
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/24/2008
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT				3,371,735	3,371,735
1.01	0101	OLD CAP REL COSTS-BLDG & FIX REGINA					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				131,513	131,513
3	0300	NEW CAP REL COSTS-BLDG & FIXT				8,707,562	8,707,562
3.01	0301	NEW CAP REL COSTS-BLDG & FIXT SETON				89,592	89,592
3.02	0302	NEW CAP REL COSTS-BLDG & FIXT WELBOR					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				11,804,620	11,804,620
4.01	0401	NEW CAP REL COSTS-MVBLE EQUIP					
4.02	0402	NEW CAP REL COSTS-MVBLE EQUIP WELBOR					
5	0500	EMPLOYEE BENEFITS	889,421	28,496,839	29,386,260	100,664	29,486,924
6.01	0610	NONPATIENT TELEPHONES	171,557	176,189	347,746	-3,740	344,006
6.03	0631	PURCHASING, RECEIVING AND STORES	433,949	24,371	458,320	-1,694	456,626
6.05	0640	ADMITTING	1,697,529	182,688	1,880,217	-4,645	1,875,572
6.06	0650	CASHIERING/ACCOUNTS RECEIVABLE	894,981	3,124,529	4,019,510	-2,553	4,016,957
6.07	1140	MANAGEMENT SERVICES-MULBERRY	298,050	4,779	302,829	-1,116	301,713
6.08	0660	OTHER ADMINISTRATIVE AND GENERAL	8,010,028	49,365,828	57,375,856	-22,974,646	34,401,210
8	0800	OPERATION OF PLANT	3,192,932	6,174,489	9,367,421	-811,678	8,555,743
8.02	0802	OPERATION OF PLANT					
9	0900	LAUNDRY & LINEN SERVICE	669,225	393,176	1,062,401	-645	1,061,756
10	1000	HOUSEKEEPING	2,151,349	479,215	2,630,564	-2,245	2,628,319
10.02	1002	HOUSEKEEPING					
11	1100	DIETARY	1,688,781	688,096	2,376,877	-1,294,712	1,082,165
12	1200	CAFETERIA				1,286,254	1,286,254
14	1400	NURSING ADMINISTRATION	2,436,620	130,242	2,566,862	-1,966	2,564,896
15	1500	CENTRAL SERVICES & SUPPLY	1,335,609	1,111,006	2,446,615	-46,326	2,400,289
17	1700	MEDICAL RECORDS & LIBRARY	2,420,486	832,261	3,252,747	-8,201	3,244,546
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	398,858	69,362	468,220	-354,652	113,568
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				337,018	337,018
24	2400	PARAMED ED PRGM				84,295	84,295
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	14,516,049	2,440,494	16,956,543	-617,316	16,339,227
26	2600	INTENSIVE CARE UNIT	6,201,850	743,329	6,945,179	-87,516	6,857,663
26.01	2601	PEDIATRIC ICU					
26.02	2602	NEONATAL ICU	3,832,318	316,602	4,148,920	-17,938	4,130,982
27	2700	CORONARY CARE UNIT	1,031,631	55,881	1,087,512	-5,061	1,082,451
31	3100	SUBPROVIDER	969,171	57,029	1,026,200	-92	1,026,108
31.01	3101	SUBPROVIDER 2	2,151,727	217,919	2,369,646	-3,346	2,366,300
33	3300	NURSERY				246,622	246,622
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,442,056	41,776,664	46,218,720	-19,137,190	27,081,530
38	3800	RECOVERY ROOM	2,293,042	144,244	2,437,286	-1,876	2,435,410
39	3900	DELIVERY ROOM & LABOR ROOM	1,795,053	586,519	2,381,572	-42,875	2,338,697
40	4000	ANESTHESIOLOGY	33,967	3,163,160	3,197,127	-231,135	2,965,992
41	4100	RADIOLOGY-DIAGNOSTIC	2,472,352	2,628,129	5,100,481	-172,476	4,928,005
41.01	3230	CAT SCAN	642,839	695,056	1,337,895	-4,053	1,333,842
41.02	3630	DIAGNOSTIC ULTRASOUND	463,316	193,562	656,878	-1,880	654,998
41.03	3450	NUCLEAR MEDICINE	473,802	1,027,405	1,501,207	-1,369	1,499,838
42	4200	RADIOLOGY-THERAPEUTIC	7,706	1,729,376	1,737,082	-396	1,736,686
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	4,271,756	3,461,765	7,733,521	-72,456	7,661,065
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
47	4700	BLOOD STORING, PROCESSING & TRANS.	313,342	2,337,825	2,651,167	-1,766	2,649,401
48	4800	INTRAVENOUS THERAPY	393,922	1,987,645	2,381,567	293,160	2,674,727
49	4900	RESPIRATORY THERAPY	2,382,896	880,868	3,263,764	-151,315	3,112,449
50	5000	PHYSICAL THERAPY	3,266,516	587,932	3,854,448	-5,166	3,849,282
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	464,445	1,424,514	1,888,959	-3,251	1,885,708
53.01	3120	CARDIAC CATHETERIZATION LABORATORY	1,374,022	8,720,756	10,094,778	-6,002,923	4,091,855
53.02	3160	CARDIOPULMONARY	444,094	268,840	712,934	-2,432	710,502
53.03	5301	ELECTROCONVULSIVE THERAPY	316,423	278,774	595,197	-518	594,679
54	5400	ELECTROENCEPHALOGRAPHY	96,223	570,842	667,065	-2,054	665,011
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				25,064,100	25,064,100
56	5600	DRUGS CHARGED TO PATIENTS	3,222,459	10,848,117	14,070,576	4,078,783	18,149,359
57	5700	RENAL DIALYSIS	1,335,893	399,794	1,735,687	-7,556	1,728,131
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		-40	-40		-40
59.01	3020	OUTREACH CLINIC	462,967	113,277	576,244	-5,180	571,064
59.02	3021	ACUPUNCTURE					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	4040	SENIOR HEALTH/FAMILY PRACTICE	47,506	12,518	60,024	-5,107	54,917
60.02	6001	OB-PEDS CLINIC					
60.03	6002	ORTHOPEDIC SVC					
60.04	6003	BARITRICS	393,150	180,072	573,222	-1,915	571,307
60.05	6004	CHILD HEALTH CTR					
61	6100	EMERGENCY	5,531,835	2,970,890	8,502,725	-53,381	8,449,344
61.01	4950	DIAGNOSTIC TREATMENT CENTER	1,749,160	726,260	2,475,420	-84,206	2,391,214
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES	760,721	1,475,885	2,236,606	-3,224	2,233,382
66	6600	DURABLE MEDICAL EQUIP-RENTED		4,080	4,080	-324	3,756

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0100
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/24/2008
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
67	6700	OTHER REIMBURS COST CNTRS					
		DURABLE MEDICAL EQUIP-SOLD					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
95		SUBTOTALS	94,843,584	184,279,053	279,122,637	3,359,806	282,482,443
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	4,645,965	1,073,365	5,719,330	-5,824	5,713,506
99	9900	NONPAID WORKERS					
100	7950	FITNESS CENTER/DAYCARE	173,333	34,074	207,407	-153,148	54,259
100.01	7951	ST. MARY'S APOTHECARY	464,207	3,831,225	4,295,432	-3,756,340	539,092
100.02	7952	OCCUPATIONAL MEDICINE	375,342	369,898	745,240		745,240
100.03	7953	CANCER CTR/PHYS RECRUITMENT	103,607	50,144	153,751	-394	153,357
100.04	7954	MARKETING	1,160,877	1,227,706	2,388,583	-90,354	2,298,229
100.05	7955	WIRTH HOSPITAL MGMT	30,201	6,296	36,497		36,497
100.06	7956	MOB		2,176,526	2,176,526	-89,592	2,086,934
100.07	7957	SENIOR PARTNERS		58,555	58,555		58,555
100.08	7958	PSYCH FREESTANDING CLINICS	80,813	239,020	319,833		319,833
100.09	7959	WELBORN PROFESSIONAL SVC	2,464,274	752,179	3,216,453	-50,100	3,166,353
100.10	7960	JOSHUA CITY SCHOOL					
100.11	7961	ST. ELIZABETH					
100.12	7962	REGINA CLOSE OUT					
100.13	7963	TR SUP/DR T					
100.14	7964	FREE STANDING CATH LAB					
100.15	7965	FAMILY PRACTICE					
100.16	7966	OB/PEDS					
100.17	7967	IDLE AND EXCESS SPACE	464,112	-190,596	273,516	785,946	1,059,462
100.18	7968	SMHS EMPLOYEES IN SMMC					
100.19	7969	SMMC DEPTS TO SMHS					
100.20	7970	STOREROOM / DISTRIBUTION					
100.21	7971	PRINT SHOP					
100.22	7972	MAIL ROOM-SMHS HO COST					
100.23	7973	ACCOUNTING-SMHS HO COST					
100.24	7974	IS APPLICATIONS-SMHS HO COST					
100.25	7975	PRIMARY SOURCE VERIFICATION-SMHS HO					
100.26	7976	CMO-DR. GALLAGHER-SMHS HO COST					
100.27	7977	INFECTION DISEASE-SMHS HO COST					
100.28	7978	SMHS WARRICK					
100.29	7979	COMPANY 10 AND OTHER					
100.30	7980	STARS PROGRAM					
100.31	7981	EMPLOYEE HEALTH					
100.32	7982	MAT MGMT PURCHASING					
100.33	7983	DECISION SUPPORT					
100.34	7984	PLANETREE					
100.35	7985	EDUCATION					
100.36	7986	QUALITY					
100.37	7987	EMS SECURITY					
100.38	7988	MOTOR SERVICE					
100.39	7989	MEDICAL LIBRARY					
100.40	7990	MGMT PATIENT RELATIONS					
100.41	7991	SUBSIDIARY SUPPORT					
100.42	7992	MISSION SERVICE					
101		TOTAL	104,806,315	193,907,445	298,713,760	-0-	298,713,760

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0100
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/24/2008
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		3,371,735
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT REGINA		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		131,513
3 0300	NEW CAP REL COSTS-BLDG & FIXT	3,151,218	11,858,780
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT SETON		89,592
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT WELBOR		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	506,386	12,311,006
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP		
4.02 0402	NEW CAP REL COSTS-MVBLE EQUIP WELBOR		
5 0500	EMPLOYEE BENEFITS	-24,632,714	4,854,210
6.01 0610	NONPATIENT TELEPHONES	-68,654	275,352
6.03 0631	PURCHASING, RECEIVING AND STORES	-924	455,702
6.05 0640	ADMITTING		1,875,572
6.06 0650	CASHIERING/ACCOUNTS RECEIVABLE	-85	4,016,872
6.07 1140	MANAGEMENT SERVICES-MULBERRY		301,713
6.08 0660	OTHER ADMINISTRATIVE AND GENERAL	22,054,765	56,455,975
8 0800	OPERATION OF PLANT	-454,680	8,101,063
8.02 0802	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE		1,061,756
10 1000	HOUSEKEEPING	-1,745	2,626,574
10.02 1002	HOUSEKEEPING		
11 1100	DIETARY	-119,857	962,308
12 1200	CAFETERIA		1,286,254
14 1400	NURSING ADMINISTRATION	-10,879	2,554,017
15 1500	CENTRAL SERVICES & SUPPLY	-1,239,633	1,160,656
17 1700	MEDICAL RECORDS & LIBRARY	-419,046	2,825,500
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-2,142	111,426
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-270,156	66,862
24 2400	PARAMED ED PRGM		84,295
25 2500	INPAT ROUTINE SRVC CNTRS		
26 2600	ADULTS & PEDIATRICS	-385,661	15,953,566
26.01 2601	INTENSIVE CARE UNIT	-1,092	6,856,571
26.02 2602	PEDIATRIC ICU		
27 2700	NEONATAL ICU	-142,810	3,988,172
31 3100	CORONARY CARE UNIT		1,082,451
31.01 3101	SUBPROVIDER	-96,291	929,817
33 3300	SUBPROVIDER 2	-18,630	2,347,670
34 3400	NURSERY		246,622
35 3500	SKILLED NURSING FACILITY		
35.01 3510	NURSING FACILITY		
	ICF/MR		
37 3700	ANCILLARY SRVC COST CNTRS		
38 3800	OPERATING ROOM	-1,056,676	26,024,854
39 3900	RECOVERY ROOM		2,435,410
40 4000	DELIVERY ROOM & LABOR ROOM	-329,096	2,009,601
41 4100	ANESTHESIOLOGY	-2,905,270	60,722
41.01 3230	RADIOLOGY-DIAGNOSTIC	-27,068	4,900,937
41.02 3630	CAT SCAN	-713,097	620,745
41.03 3450	DIAGNOSTIC ULTRASOUND	-1,920	653,078
42 4200	NUCLEAR MEDICINE		1,499,838
43 4300	RADIOLOGY-THERAPEUTIC	-36,038	1,700,648
44 4400	RADIOISOTOPE		
45 4500	LABORATORY	-664,934	6,996,131
47 4700	PBP CLINICAL LAB SERVICES-PRGM ONLY		
48 4800	BLOOD STORING, PROCESSING & TRANS.		2,649,401
49 4900	INTRAVENOUS THERAPY	-98,449	2,576,278
50 5000	RESPIRATORY THERAPY	-350	3,112,099
51 5100	PHYSICAL THERAPY	-9,353	3,839,929
52 5200	OCCUPATIONAL THERAPY		
53 5300	SPEECH PATHOLOGY		
53.01 3120	ELECTROCARDIOLOGY	-149,812	1,735,896
53.02 3160	CARDIAC CATHETERIZATION LABORATORY	-439,904	3,651,951
53.03 5301	CARDIOPULMONARY	-106,604	603,898
54 5400	ELECTROCONVULSIVE THERAPY	-24	594,655
55 5500	ELECTROENCEPHALOGRAPHY	-1,195	663,816
56 5600	MEDICAL SUPPLIES CHARGED TO PATIENTS	-9,799	25,054,301
57 5700	DRUGS CHARGED TO PATIENTS	-192,754	17,956,605
58 5800	RENAL DIALYSIS		1,728,131
59 5900	ASC (NON-DISTINCT PART)		
59.01 3020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	40	
59.02 3021	OUTREACH CLINIC	-37,386	533,678
	ACUPUNCTURE		
60 6000	OUTPAT SERVICE COST CNTRS		
60.01 4040	CLINIC		
60.02 6001	SENIOR HEALTH/FAMILY PRACTICE	-47,708	7,209
60.03 6002	OB-PEDS CLINIC		
60.04 6003	ORTHOPEDIC SVC		
60.05 6004	BARITRICS	-192,471	378,836
61 6100	CHILD HEALTH CTR		
61.01 4950	EMERGENCY	-3,154,571	5,294,773
62 6200	DIAGNOSTIC TREATMENT CENTER		2,391,214
	OBSERVATION BEDS (NON-DISTINCT PART)		
64 6400	OTHER REIMBURS COST CNTRS		
65 6500	HOME PROGRAM DIALYSIS		
66 6600	AMBULANCE SERVICES	-7,092	2,226,290
	DURABLE MEDICAL EQUIP-RENTED	-3,756	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
I 15-0100	I FROM 7/ 1/2007	I WORKSHEET A
I	I TO 6/30/2008	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	-12,337,917	270,144,526
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		5,713,506
99	9900 NONPAID WORKERS		
100	7950 FITNESS CENTER/DAYCARE		54,259
100.01	7951 ST. MARY'S APOTHECARY		539,092
100.02	7952 OCCUPATIONAL MEDICINE		745,240
100.03	7953 CANCER CTR/PHYS RECRUITMENT		153,357
100.04	7954 MARKETING	-405,232	1,892,997
100.05	7955 WIRTH HOSPITAL MGMT		36,497
100.06	7956 MOB		2,086,934
100.07	7957 SENIOR PARTNERS		58,555
100.08	7958 PSYCH FREESTANDING CLINICS		319,833
100.09	7959 WELBORN PROFESSIONAL SVC		3,166,353
100.10	7960 JOSHUA CITY SCHOOL		
100.11	7961 ST. ELIZABETH		
100.12	7962 REGINA CLOSE OUT		
100.13	7963 TR SUP/DR T		
100.14	7964 FREE STANDING CATH LAB		
100.15	7965 FAMILY PRACTICE		
100.16	7966 OB/PEDS		
100.17	7967 IDLE AND EXCESS SPACE		1,059,462
100.18	7968 SMHS EMPLOYEES IN SMMC		
100.19	7969 SMMC DEPTS TO SMHS		
100.20	7970 STOREROOM / DISTRIBUTION		
100.21	7971 PRINT SHOP		
100.22	7972 MAIL ROOM-SMHS HO COST		
100.23	7973 ACCOUNTING-SMHS HO COST		
100.24	7974 IS APPLICATIONS-SMHS HO COST		
100.25	7975 PRIMARY SOURCE VERIFICATION-SMHS HO		
100.26	7976 CMO-DR. GALLAGHER-SMHS HO COST		
100.27	7977 INFECTION DISEASE-SMHS HO COST		
100.28	7978 SMHS WARRICK		
100.29	7979 COMPANY 10 AND OTHER		
100.30	7980 STARS PROGRAM		
100.31	7981 EMPLOYEE HEALTH		
100.32	7982 MAT MGMT PURCHASING		
100.33	7983 DECISION SUPPORT		
100.34	7984 PLANETREE		
100.35	7985 EDUCATION		
100.36	7986 QUALITY		
100.37	7987 EMS SECURITY		
100.38	7988 MOTOR SERVICE		
100.39	7989 MEDICAL LIBRARY		
100.40	7990 MGMT PATIENT RELATIONS		
100.41	7991 SUBSIDIARY SUPPORT		
100.42	7992 MISSION SERVICE		
101	TOTAL	-12,743,149	285,970,611

COST CENTERS USED IN COST REPORT

I PROVIDER NO:

I 15-0100

I

I PERIOD:

I FROM 7/ 1/2007

I TO

6/30/2008

I PREPARED 11/24/2008

I NOT A CMS WORKSHEET

I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIX REGINA	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT SETON	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT WELBOR	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CAP REL COSTS-MVBLE EQUIP WELBOR	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING AND STORES	0631	PURCHASING, RECEIVING AND STORES
6.05	ADMITTING	0640	ADMITTING
6.06	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.07	MANAGEMENT SERVICES-MULBERRY	1140	MANAGEMENT SERVICES
6.08	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.02	OPERATION OF PLANT	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.02	HOUSEKEEPING	1002	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC ICU	2601	INTENSIVE CARE UNIT
26.02	NEONATAL ICU	2602	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	DIAGNOSTIC ULTRASOUND	3630	ULTRA SOUND
41.03	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
53.03	ELECTROCONVULSIVE THERAPY	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	OUTREACH CLINIC	3020	ACUPUNCTURE
59.02	ACUPUNCTURE	3021	ACUPUNCTURE
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	SENIOR HEALTH/FAMILY PRACTICE	4040	FAMILY PRACTICE
60.02	OB-PEDS CLINIC	6001	CLINIC
60.03	ORTHOPEDIC SVC	6002	CLINIC
60.04	BARITRICS	6003	CLINIC
60.05	CHILD HEALTH CTR	6004	CLINIC
61	EMERGENCY	6100	
61.01	DIAGNOSTIC TREATMENT CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	FITNESS CENTER/DAYCARE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ST. MARY'S APOTHECARY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL MEDICINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	CANCER CTR/PHYS RECRUITMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WIRTH HOSPITAL MGMT	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	MOB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	SENIOR PARTNERS	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	PSYCH FREESTANDING CLINICS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	WELBORN PROFESSIONAL SVC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	JOSHUA CITY SCHOOL	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	ST. ELIZABETH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	REGINA CLOSE OUT	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	TR SUP/DR T	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	FREE STANDING CATH LAB	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	FAMILY PRACTICE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OB/PEDS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	IDLE AND EXCESS SPACE	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	SMHS EMPLOYEES IN SMMC	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	SMMC DEPTS TO SMHS	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	STOREROOM / DISTRIBUTION	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	PRINT SHOP	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	MAIL ROOM-SMHS HO COST	7972	OTHER NONREIMBURSABLE COST CENTERS
100.23	ACCOUNTING-SMHS HO COST	7973	OTHER NONREIMBURSABLE COST CENTERS
100.24	IS APPLICATIONS-SMHS HO COST	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	PRIMARY SOURCE VERIFICATION-SMHS HO	7975	OTHER NONREIMBURSABLE COST CENTERS
100.26	CMO-DR. GALLAGHER-SMHS HO COST	7976	OTHER NONREIMBURSABLE COST CENTERS
100.27	INFECTION DISEASE-SMHS HO COST	7977	OTHER NONREIMBURSABLE COST CENTERS
100.28	SMHS WARRICK	7978	OTHER NONREIMBURSABLE COST CENTERS
100.29	COMPANY 10 AND OTHER	7979	OTHER NONREIMBURSABLE COST CENTERS
100.30	STARS PROGRAM	7980	OTHER NONREIMBURSABLE COST CENTERS
100.31	EMPLOYEE HEALTH	7981	OTHER NONREIMBURSABLE COST CENTERS
100.32	MAT MGMT PURCHASING	7982	OTHER NONREIMBURSABLE COST CENTERS
100.33	DECISION SUPPORT	7983	OTHER NONREIMBURSABLE COST CENTERS
100.34	PLANETREE	7984	OTHER NONREIMBURSABLE COST CENTERS
100.35	EDUCATION	7985	OTHER NONREIMBURSABLE COST CENTERS
100.36	QUALITY	7986	OTHER NONREIMBURSABLE COST CENTERS
100.37	EMS SECURITY	7987	OTHER NONREIMBURSABLE COST CENTERS
100.38	MOTOR SERVICE	7988	OTHER NONREIMBURSABLE COST CENTERS
100.39	MEDICAL LIBRARY	7989	OTHER NONREIMBURSABLE COST CENTERS
100.40	MGMT PATIENT RELATIONS	7990	OTHER NONREIMBURSABLE COST CENTERS
100.41	SUBSIDIARY SUPPORT	7991	OTHER NONREIMBURSABLE COST CENTERS
100.42	MISSION SERVICE	7992	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150100

PERIOD:

FROM 7/ 1/2007

TO 6/30/2008

PREPARED 11/24/2008

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2	3	4	5	
1 RECLASS MINOR EQUIPMENT	A	NEW CAP REL COSTS-MVBLE EQUIP	4			1,203,971
2		INTRAVENOUS THERAPY	48			27,011
3		AMBULANCE SERVICES	65			626
4						
5						
6						
7						
8						
9						
10						
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34						
35						

1 RECLASS MINOR EQUIPMENT	A					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15 RECLASS CHARGEABLE MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			25,064,100
16						
17						
18						
19						
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22						
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34						
35						

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150100	FROM 7/ 1/2007	11/24/2008
	TO 6/30/2008	WORKSHEET A-6
		CONTD

		INCREASE			
EXPLANATION OF RECLASSIFICATION	CODE	LINE			
	(1)	COST CENTER	NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 RECLASS UNASSIGNED CAPITAL COSTS	C	NEW CAP REL COSTS-BLDG & FIXT	3		472,059
13 RECLASS SETON MANOR EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT SETON	3.01		89,592
14		MOB	100.06		127,206
15 RECLASS DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1		3,371,735
16		OLD CAP REL COSTS-MVBLE EQUIP	2		131,513
17		NEW CAP REL COSTS-BLDG & FIXT	3		2,473,245
18		NEW CAP REL COSTS-MVBLE EQUIP	4		10,575,519
19 CHARGEABLE DRUGS	I	CARDIAC CATHETERIZATION LABORATORY	53.01		793
20		DRUGS CHARGED TO PATIENTS	56		4,327,287
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

1 CHARGEABLE DRUGS	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 RECLASS DIETARY COSTS TO CAFETERIA	J	CAFETERIA	12	880,122	406,132
23 RECLASS NURSERY	K	NURSERY	33	227,515	19,107
24 RECLASS X-RAY SCHOOL	L	PARAMED ED PRGM	24	84,295	
25 RECLASS FITNESS CENTER BENEFITS	M	EMPLOYEE BENEFITS	5	132,510	20,638
26 RECLASS CAPITAL REL INTEREST	Q	NEW CAP REL COSTS-BLDG & FIXT	3		5,381,970
27 OTHER RESIDENCY COSTS FROM 22 TO 23	W	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	267,656	69,362
28 RECLASS CAP REL INSURANCE	X	NEW CAP REL COSTS-MVBLE EQUIP	4		25,130
29 RECLASS CAP REL REAL ESTATE TAX	Y	NEW CAP REL COSTS-BLDG & FIXT	3		380,288
30 RECLASS IV SOLUTION	AA	INTRAVENOUS THERAPY	48		297,588
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
150100

PERIOD:

FROM 7/ 1/2007

TO 6/30/2008

PREPARED 11/24/2008

WORKSHEET A-6

CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2	3	4	5	
1 RECLASS IV SOLUTION	AA					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15 CAM BUILDING RENT UNASSIGNED SPACE	AB	IDLE AND EXCESS SPACE	100.17			787,509
36 TOTAL RECLASSIFICATIONS				1,592,098		55,252,381

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150100

PERIOD:

FROM 7/ 1/2007
TO 6/30/2008PREPARED 11/24/2008
WORKSHEET A-6

		DECREASE				A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RECLASS MINOR EQUIPMENT	A	EMPLOYEE BENEFITS	5		2,549	10
2		NONPATIENT TELEPHONES	6.01		3,740	
3		PURCHASING, RECEIVING AND STORES	6.03		1,694	
4		ADMITTING	6.05		4,645	
5		CASHIERING/ACCOUNTS RECEIVABLE	6.06		2,553	
6		MANAGEMENT SERVICES-MULBERRY	6.07		1,116	
7		OTHER ADMINISTRATIVE AND GENERAL	6.08		156,800	
8		OPERATION OF PLANT	8		23,151	
9		LAUNDRY & LINEN SERVICE	9		645	
10		HOUSEKEEPING	10		2,245	
11		DIETARY	11		2,246	
12		NURSING ADMINISTRATION	14		1,902	
13		CENTRAL SERVICES & SUPPLY	15		5,843	
14		MEDICAL RECORDS & LIBRARY	17		8,201	
15		I&R SERVICES-SALARY & FRINGES APPRVD	22		4,481	
16		ADULTS & PEDIATRICS	25		339,495	
17		INTENSIVE CARE UNIT	26		75,661	
18		NEONATAL ICU	26.02		8,997	
19		CORONARY CARE UNIT	27		2,118	
20		SUBPROVIDER	31		33	
21		SUBPROVIDER 2	31.01		3,179	
22		OPERATING ROOM	37		352,471	
23		RECOVERY ROOM	38		911	
24		DELIVERY ROOM & LABOR ROOM	39		18,864	
25		RADIOLOGY-DIAGNOSTIC	41		22,691	
26		CAT SCAN	41.01		30	
27		NUCLEAR MEDICINE	41.03		62	
28		RADIOLOGY-THERAPEUTIC	42		334	
29		LABORATORY	44		68,441	
30		BLOOD STORING, PROCESSING & TRANS.	47		1,721	
31		RESPIRATORY THERAPY	49		32,485	
32		PHYSICAL THERAPY	50		3,840	
33		ELECTROCARDIOLOGY	53		1,153	
34		CARDIAC CATHETERIZATION LABORATORY	53.01		9,065	
35		CARDIOPULMONARY	53.02		509	
1 RECLASS MINOR EQUIPMENT	A	ELECTROCONVULSIVE THERAPY	53.03		308	
2		ELECTROENCEPHALOGRAPHY	54		1,954	
3		DRUGS CHARGED TO PATIENTS	56		5,888	
4		OUTREACH CLINIC	59.01		5,131	
5		SENIOR HEALTH/FAMILY PRACTICE	60.01		5,107	
6		BARIATRICS	60.04		1,751	
7		EMERGENCY	61		24,988	
8		DIAGNOSTIC TREATMENT CENTER	61.01		4,565	
9		DURABLE MEDICAL EQUIP-RENTED	66		324	
10		PHYSICIANS' PRIVATE OFFICES	98		5,824	
11		CANCER CTR/PHYS RECRUITMENT	100.03		394	
12		MARKETING	100.04		7,194	
13		WELBORN PROFESSIONAL SVC	100.09		2,746	
14		IDLE AND EXCESS SPACE	100.17		1,563	
15 RECLASS CHARGEABLE MEDICAL SUPPLIES	B	OTHER ADMINISTRATIVE AND GENERAL	6.08		58	
16		OPERATION OF PLANT	8		1,013	
17		NURSING ADMINISTRATION	14		19	
18		CENTRAL SERVICES & SUPPLY	15		31,686	
19		I&R SERVICES-SALARY & FRINGES APPRVD	22		12,083	
20		ADULTS & PEDIATRICS	25		4,628	
21		INTENSIVE CARE UNIT	26		2,699	
22		NEONATAL ICU	26.02		963	
23		CORONARY CARE UNIT	27		196	
24		SUBPROVIDER	31		11	
25		SUBPROVIDER 2	31.01		2	
26		OPERATING ROOM	37		18,720,745	
27		RECOVERY ROOM	38		180	
28		DELIVERY ROOM & LABOR ROOM	39		21,798	
29		ANESTHESIOLOGY	40		4,784	
30		RADIOLOGY-DIAGNOSTIC	41		45,523	
31		CAT SCAN	41.01		664	
32		DIAGNOSTIC ULTRASOUND	41.02		678	
33		LABORATORY	44		3,722	
34		INTRAVENOUS THERAPY	48		29,861	
35		RESPIRATORY THERAPY	49		112,907	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150100	7/ 1/2007	11/24/2008
	TO 6/30/2008	WORKSHEET A-6
		CONTD

		DECREASE				A-7 REF
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	B	PHYSICAL THERAPY	50		595	
2		CARDIAC CATHETERIZATION LABORATORY	53.01		5,993,123	
3		CARDIOPULMONARY	53.02		1,874	
4		ELECTROCONVULSIVE THERAPY	53.03		86	
5		ELECTROENCEPHALOGRAPHY	54		100	
6		RENAL DIALYSIS	57		356	
7		BARITRICS	60.04		87	
8		EMERGENCY	61		7,984	
9		DIAGNOSTIC TREATMENT CENTER	61.01		61,562	
10		AMBULANCE SERVICES	65		1,395	
11		WELBORN PROFESSIONAL SVC	100.09		2,718	
12 RECLASS UNASSIGNED CAPITAL COSTS	C	OTHER ADMINISTRATIVE AND GENERAL	6.08		472,059	12
13 RECLASS SETON MANOR EXPENSE	D	MOB	100.06		216,798	9
14						
15 RECLASS DEPRECIATION	F	OTHER ADMINISTRATIVE AND GENERAL	6.08		16,552,012	9
16						9
17						9
18						9
19 CHARGEABLE DRUGS	I	EMPLOYEE BENEFITS	5		49,935	
20		OTHER ADMINISTRATIVE AND GENERAL	6.08		6,327	
21		OPERATION OF PLANT	8		5	
22		DIETARY	11		6,212	
23		NURSING ADMINISTRATION	14		45	
24		CENTRAL SERVICES & SUPPLY	15		1,413	
25		I&R SERVICES-SALARY & FRINGES APPRVD	22		701	
26		ADULTS & PEDIATRICS	25		26,396	
27		INTENSIVE CARE UNIT	26		9,138	
28		NEONATAL ICU	26.02		7,938	
29		CORONARY CARE UNIT	27		2,747	
30		SUBPROVIDER	31		48	
31		SUBPROVIDER 2	31.01		165	
32		OPERATING ROOM	37		26,402	
33		RECOVERY ROOM	38		760	
34		DELIVERY ROOM & LABOR ROOM	39		1,169	
35		ANESTHESIOLOGY	40		226,351	
1 CHARGEABLE DRUGS	I	RADIOLOGY-DIAGNOSTIC	41		18,931	
2		CAT SCAN	41.01		3,359	
3		DIAGNOSTIC ULTRASOUND	41.02		1,202	
4		NUCLEAR MEDICINE	41.03		1,307	
5		RADIOLOGY-THERAPEUTIC	42		62	
6		LABORATORY	44		155	
7		INTRAVENOUS THERAPY	48		1,578	
8		RESPIRATORY THERAPY	49		5,488	
9		PHYSICAL THERAPY	50		710	
10		ELECTROCARDIOLOGY	53		2,098	
11		CARDIOPULMONARY	53.02		49	
12		ELECTROCONVULSIVE THERAPY	53.03		124	
13		RENAL DIALYSIS	57		2,824	
14		OUTREACH CLINIC	59.01		49	
15		BARITRICS	60.04		77	
16		EMERGENCY	61		20,408	
17		DIAGNOSTIC TREATMENT CENTER	61.01		18,079	
18		AMBULANCE SERVICES	65		2,455	
19		ST. MARY'S APOTHECARY	100.01		3,755,885	
20		MARKETING	100.04		83,160	
21		WELBORN PROFESSIONAL SVC	100.09		44,328	
22 RECLASS DIETARY COSTS TO CAFETERIA	J	DIETARY	11	880,122	406,132	
23 RECLASS NURSERY	K	ADULTS & PEDIATRICS	25	227,515	19,107	
24 RECLASS X-RAY SCHOOL	L	RADIOLOGY-DIAGNOSTIC	41	84,295		
25 RECLASS FITNESS CENTER BENEFITS	M	FITNESS CENTER/DAYCARE	100	132,510	20,638	
26 RECLASS CAPITAL REL INTEREST	Q	OTHER ADMINISTRATIVE AND GENERAL	6.08		5,381,970	11
27 OTHER RESIDENCY COSTS FROM 22 TO 23	W	I&R SERVICES-SALARY & FRINGES APPRVD	22	267,656	69,362	
28 RECLASS CAP REL INSURANCE	X	OTHER ADMINISTRATIVE AND GENERAL	6.08		25,130	12
29 RECLASS CAP REL REAL ESTATE TAX	Y	OTHER ADMINISTRATIVE AND GENERAL	6.08		380,288	13
30 RECLASS IV SOLUTION	AA	OTHER ADMINISTRATIVE AND GENERAL	6.08		2	
31		CENTRAL SERVICES & SUPPLY	15		7,384	
32		I&R SERVICES-SALARY & FRINGES APPRVD	22		369	
33		ADULTS & PEDIATRICS	25		175	
34		INTENSIVE CARE UNIT	26		18	
35		NEONATAL ICU	26.02		40	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150100	7/ 1/2007	11/24/2008
	FROM	WORKSHEET A-6
	TO	6/30/2008
		CONTD

EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9
1 RECLASS IV SOLUTION	AA	OPERATING ROOM	37		37,572
2		RECOVERY ROOM	38		25
3		DELIVERY ROOM & LABOR ROOM	39		1,044
4		RADIOLOGY-DIAGNOSTIC	41		1,036
5		LABORATORY	44		138
6		BLOOD STORING, PROCESSING & TRANS.	47		45
7		RESPIRATORY THERAPY	49		435
8		PHYSICAL THERAPY	50		21
9		CARDIAC CATHETERIZATION LABORATORY	53.01		1,528
10		DRUGS CHARGED TO PATIENTS	56		242,616
11		RENAL DIALYSIS	57		4,376
12		EMERGENCY	61		1
13		ST. MARY'S APOTHECARY	100.01		455
14		WELBORN PROFESSIONAL SVC	100.09		308
15 CAM BUILDING RENT UNASSIGNED SPACE	AB	OPERATION OF PLANT	8		787,509
36 TOTAL RECLASSIFICATIONS				1,592,098	55,252,381

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 see instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150100	FROM 7/ 1/2007	11/24/2008
	TO 6/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS MINOR EQUIPMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,203,971	EMPLOYEE BENEFITS	5	2,549	
2.00	INTRAVENOUS THERAPY	48	27,011	NONPATIENT TELEPHONES	6.01	3,740	
3.00	AMBULANCE SERVICES	65	626	PURCHASING, RECEIVING AND STOR	6.03	1,694	
4.00			0	ADMITTING	6.05	4,645	
5.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.06	2,553	
6.00			0	MANAGEMENT SERVICES-MULBERRY	6.07	1,116	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.08	156,800	
8.00			0	OPERATION OF PLANT	8	23,151	
9.00			0	LAUNDRY & LINEN SERVICE	9	645	
10.00			0	HOUSEKEEPING	10	2,245	
11.00			0	DIETARY	11	2,246	
12.00			0	NURSING ADMINISTRATION	14	1,902	
13.00			0	CENTRAL SERVICES & SUPPLY	15	5,843	
14.00			0	MEDICAL RECORDS & LIBRARY	17	8,201	
15.00			0	I&R SERVICES-SALARY & FRINGES	22	4,481	
16.00			0	ADULTS & PEDIATRICS	25	339,495	
17.00			0	INTENSIVE CARE UNIT	26	75,661	
18.00			0	NEONATAL ICU	26.02	8,997	
19.00			0	CORONARY CARE UNIT	27	2,118	
20.00			0	SUBPROVIDER	31	33	
21.00			0	SUBPROVIDER 2	31.01	3,179	
22.00			0	OPERATING ROOM	37	352,471	
23.00			0	RECOVERY ROOM	38	911	
24.00			0	DELIVERY ROOM & LABOR ROOM	39	18,864	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	22,691	
26.00			0	CAT SCAN	41.01	30	
27.00			0	NUCLEAR MEDICINE	41.03	62	
28.00			0	RADIOLOGY-THERAPEUTIC	42	334	
29.00			0	LABORATORY	44	68,441	
30.00			0	BLOOD STORING, PROCESSING & TR	47	1,721	
31.00			0	RESPIRATORY THERAPY	49	32,485	
32.00			0	PHYSICAL THERAPY	50	3,840	
33.00			0	ELECTROCARDIOLOGY	53	1,153	
34.00			0	CARDIAC CATHETERIZATION LABORA	53.01	9,065	
35.00			0	CARDIOPULMONARY	53.02	509	
36.00			0	ELECTROCONVULSIVE THERAPY	53.03	308	
37.00			0	ELECTROENCEPHALOGRAPHY	54	1,954	
38.00			0	DRUGS CHARGED TO PATIENTS	56	5,888	
39.00			0	OUTREACH CLINIC	59.01	5,131	
40.00			0	SENIOR HEALTH/FAMILY PRACTICE	60.01	5,107	
41.00			0	BARIASTRICS	60.04	1,751	
42.00			0	EMERGENCY	61	24,988	
43.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	4,565	
44.00			0	DURABLE MEDICAL EQUIP-RENTED	66	324	
45.00			0	PHYSICIANS' PRIVATE OFFICES	98	5,824	
46.00			0	CANCER CTR/PHYS RECRUITMENT	100.03	394	
47.00			0	MARKETING	100.04	7,194	
48.00			0	WELBORN PROFESSIONAL SVC	100.09	2,746	
49.00			0	IDLE AND EXCESS SPACE	100.17	1,563	
TOTAL RECLASSIFICATIONS FOR CODE A			1,231,608				1,231,608

RECLASS CODE: B

EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	25,064,100	OTHER ADMINISTRATIVE AND GENER	6.08	58	
2.00			0	OPERATION OF PLANT	8	1,013	
3.00			0	NURSING ADMINISTRATION	14	19	
4.00			0	CENTRAL SERVICES & SUPPLY	15	31,686	
5.00			0	I&R SERVICES-SALARY & FRINGES	22	12,083	
6.00			0	ADULTS & PEDIATRICS	25	4,628	
7.00			0	INTENSIVE CARE UNIT	26	2,699	
8.00			0	NEONATAL ICU	26.02	963	
9.00			0	CORONARY CARE UNIT	27	196	
10.00			0	SUBPROVIDER	31	11	
11.00			0	SUBPROVIDER 2	31.01	2	
12.00			0	OPERATING ROOM	37	18,720,745	
13.00			0	RECOVERY ROOM	38	180	
14.00			0	DELIVERY ROOM & LABOR ROOM	39	21,798	
15.00			0	ANESTHESIOLOGY	40	4,784	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	45,523	
17.00			0	CAT SCAN	41.01	664	
18.00			0	DIAGNOSTIC ULTRASOUND	41.02	678	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150100	7/ 1/2007	11/24/2008
	FROM	WORKSHEET A-6
	TO	6/30/2008
		NOT A CMS WORKSHEET

RECLASS CODE: B

EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
19.00			0	LABORATORY	44	3,722	
20.00			0	INTRAVENOUS THERAPY	48	29,861	
21.00			0	RESPIRATORY THERAPY	49	112,907	
22.00			0	PHYSICAL THERAPY	50	595	
23.00			0	CARDIAC CATHETERIZATION LABORA	53.01	5,993,123	
24.00			0	CARDIOPULMONARY	53.02	1,874	
25.00			0	ELECTROCONVULSIVE THERAPY	53.03	86	
26.00			0	ELECTROENCEPHALOGRAPHY	54	100	
27.00			0	RENAL DIALYSIS	57	356	
28.00			0	BARIATRICS	60.04	87	
29.00			0	EMERGENCY	61	7,984	
30.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	61,562	
31.00			0	AMBULANCE SERVICES	65	1,395	
32.00			0	WELBORN PROFESSIONAL SVC	100.09	2,718	
TOTAL RECLASSIFICATIONS FOR CODE B			25,064,100				25,064,100

RECLASS CODE: C

EXPLANATION : RECLASS UNASSIGNED CAPITAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	472,059	OTHER ADMINISTRATIVE AND GENER	6.08	472,059	
TOTAL RECLASSIFICATIONS FOR CODE C			472,059				472,059

RECLASS CODE: D

EXPLANATION : RECLASS SETON MANOR EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	89,592	MOB	100.06	216,798	
2.00	MOB	100.06	127,206			0	
TOTAL RECLASSIFICATIONS FOR CODE D			216,798				216,798

RECLASS CODE: F

EXPLANATION : RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	3,371,735	OTHER ADMINISTRATIVE AND GENER	6.08	16,552,012	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	131,513			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,473,245			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,575,519			0	
TOTAL RECLASSIFICATIONS FOR CODE F			16,552,012				16,552,012

RECLASS CODE: I

EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CARDIAC CATHETERIZATION LABORA	53.01	793	EMPLOYEE BENEFITS	5	49,935	
2.00	DRUGS CHARGED TO PATIENTS	56	4,327,287	OTHER ADMINISTRATIVE AND GENER	6.08	6,327	
3.00			0	OPERATION OF PLANT	8	5	
4.00			0	DIETARY	11	6,212	
5.00			0	NURSING ADMINISTRATION	14	45	
6.00			0	CENTRAL SERVICES & SUPPLY	15	1,413	
7.00			0	I&R SERVICES-SALARY & FRINGES	22	701	
8.00			0	ADULTS & PEDIATRICS	25	26,396	
9.00			0	INTENSIVE CARE UNIT	26	9,138	
10.00			0	NEONATAL ICU	26.02	7,938	
11.00			0	CORONARY CARE UNIT	27	2,747	
12.00			0	SUBPROVIDER	31	48	
13.00			0	SUBPROVIDER 2	31.01	165	
14.00			0	OPERATING ROOM	37	26,402	
15.00			0	RECOVERY ROOM	38	760	
16.00			0	DELIVERY ROOM & LABOR ROOM	39	1,169	
17.00			0	ANESTHESIOLOGY	40	226,351	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	18,931	
19.00			0	CAT SCAN	41.01	3,359	
20.00			0	DIAGNOSTIC ULTRASOUND	41.02	1,202	
21.00			0	NUCLEAR MEDICINE	41.03	1,307	
22.00			0	RADIOLOGY-THERAPEUTIC	42	62	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150100	7/ 1/2007	11/24/2008
	TO 6/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
23.00			0	LABORATORY	44	155	
24.00			0	INTRAVENOUS THERAPY	48	1,578	
25.00			0	RESPIRATORY THERAPY	49	5,488	
26.00			0	PHYSICAL THERAPY	50	710	
27.00			0	ELECTROCARDIOLOGY	53	2,098	
28.00			0	CARDIOPULMONARY	53.02	49	
29.00			0	ELECTROCONVULSIVE THERAPY	53.03	124	
30.00			0	RENAL DIALYSIS	57	2,824	
31.00			0	OUTREACH CLINIC	59.01	49	
32.00			0	BIATRICS	60.04	77	
33.00			0	EMERGENCY	61	20,408	
34.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	18,079	
35.00			0	AMBULANCE SERVICES	65	2,455	
36.00			0	ST. MARY'S APOTHECARY	100.01	3,755,885	
37.00			0	MARKETING	100.04	83,160	
38.00			0	WELBORN PROFESSIONAL SVC	100.09	44,328	
TOTAL RECLASSIFICATIONS FOR CODE I			4,328,080				4,328,080

RECLASS CODE: J
EXPLANATION : RECLASS DIETARY COSTS TO CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,286,254	DIETARY	11	1,286,254	
TOTAL RECLASSIFICATIONS FOR CODE J			1,286,254				1,286,254

RECLASS CODE: K
EXPLANATION : RECLASS NURSERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	246,622	ADULTS & PEDIATRICS	25	246,622	
TOTAL RECLASSIFICATIONS FOR CODE K			246,622				246,622

RECLASS CODE: L
EXPLANATION : RECLASS X-RAY SCHOOL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	84,295	RADIOLOGY-DIAGNOSTIC	41	84,295	
TOTAL RECLASSIFICATIONS FOR CODE L			84,295				84,295

RECLASS CODE: M
EXPLANATION : RECLASS FITNESS CENTER BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	153,148	FITNESS CENTER/DAYCARE	100	153,148	
TOTAL RECLASSIFICATIONS FOR CODE M			153,148				153,148

RECLASS CODE: Q
EXPLANATION : RECLASS CAPITAL REL INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,381,970	OTHER ADMINISTRATIVE AND GENER	6.08	5,381,970	
TOTAL RECLASSIFICATIONS FOR CODE Q			5,381,970				5,381,970

RECLASS CODE: W
EXPLANATION : OTHER RESIDENCY COSTS FROM 22 TO 23

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	337,018	I&R SERVICES-SALARY & FRINGES	22	337,018	
TOTAL RECLASSIFICATIONS FOR CODE W			337,018				337,018

RECLASS CODE: X
EXPLANATION : RECLASS CAP REL INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	25,130	OTHER ADMINISTRATIVE AND GENER	6.08	25,130	
TOTAL RECLASSIFICATIONS FOR CODE X			25,130				25,130

RECLASSIFICATIONS

 PROVIDER NO:
150100

 PERIOD: PREPARED 11/24/2008
 FROM 7/ 1/2007 WORKSHEET A-6
 TO 6/30/2008 NOT A CMS WORKSHEET

RECLASS CODE: Y

EXPLANATION : RECLASS CAP REL REAL ESTATE TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	380,288
TOTAL RECLASSIFICATIONS FOR CODE Y			380,288

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	380,288	
			380,288

RECLASS CODE: AA

EXPLANATION : RECLASS IV SOLUTION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	297,588
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
TOTAL RECLASSIFICATIONS FOR CODE AA			297,588

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	2	
CENTRAL SERVICES & SUPPLY	15	7,384	
I&R SERVICES-SALARY & FRINGES	22	369	
ADULTS & PEDIATRICS	25	175	
INTENSIVE CARE UNIT	26	18	
NEONATAL ICU	26.02	40	
OPERATING ROOM	37	37,572	
RECOVERY ROOM	38	25	
DELIVERY ROOM & LABOR ROOM	39	1,044	
RADIOLOGY-DIAGNOSTIC	41	1,036	
LABORATORY	44	138	
BLOOD STORING, PROCESSING & TR	47	45	
RESPIRATORY THERAPY	49	435	
PHYSICAL THERAPY	50	21	
CARDIAC CATHETERIZATION LABORA	53.01	1,528	
DRUGS CHARGED TO PATIENTS	56	242,616	
RENAL DIALYSIS	57	4,376	
EMERGENCY	61	1	
ST. MARY'S APOTHECARY	100.01	455	
WELBORN PROFESSIONAL SVC	100.09	308	
			297,588

RECLASS CODE: AB

EXPLANATION : CAM BUILDING RENT UNASSIGNED SPACE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IDLE AND EXCESS SPACE	100.17	787,509
TOTAL RECLASSIFICATIONS FOR CODE AB			787,509

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	787,509	
			787,509

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	10,218,996				202,668	10,016,328	
2	LAND IMPROVEMENTS	8,942,907	35,843		35,843		8,978,750	
3	BUILDINGS & FIXTURE	148,700,830				1,260,211	147,440,619	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	172,465,165				17,307,500	155,157,665	
7	SUBTOTAL	340,327,898	35,843		35,843	18,770,379	321,593,362	
8	RECONCILING ITEMS							
9	TOTAL	340,327,898	35,843		35,843	18,770,379	321,593,362	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

		GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS 7	TOTAL 8
*									
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
3 02	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
4 01	NEW CAP REL COSTS-MV								
4 02	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
1	OLD CAP REL COSTS-BL	3,371,735						3,371,735
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV	131,513						131,513
3	NEW CAP REL COSTS-BL	5,624,463		5,381,970	472,059	380,288		11,858,780
3 01	NEW CAP REL COSTS-BL	89,592						89,592
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	11,873,786	1,203,971	-791,881	25,130			12,311,006
4 01	NEW CAP REL COSTS-MV							
4 02	NEW CAP REL COSTS-MV							
5	TOTAL	21,091,089	1,203,971	4,590,089	497,189	380,288		27,762,626

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV							
4 02	NEW CAP REL COSTS-MV							
5	TOTAL							

- * All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0100
II PERIOD: I PREPARED 11/24/2008
I FROM 7/ 1/2007 I WORKSHEET A-8
I TO 6/30/2008 I

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON		WKST.
		BASIS/CODE	WORKSHEET A TO/FROM WHICH THE	AMOUNT IS TO BE ADJUSTED	A-7
		1	COST CENTER	LINE NO	REF.
			3	4	5
1	INVT INCOME-OLD BLDGS AND FIXTURES		OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP		OLD CAP REL COSTS-MVBLE E	2	
3	INVT INCOME-NEW BLDGS AND FIXTURES		NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP		NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER				
6	TRADE, QUANTITY AND TIME DISCOUNTS				
7	REFUNDS AND REBATES OF EXPENSES				
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS				
9	TELEPHONE SERVICES				
10	TELEVISION AND RADIO SERVICE				
11	PARKING LOT				
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2			
13	SALE OF SCRAP, WASTE, ETC.				
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1			
15	LAUNDRY AND LINEN SERVICE				
16	CAFETERIA--EMPLOYEES AND GUESTS				
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS				
18	SALE OF MED AND SURG SUPPLIES				
19	SALE OF DRUGS TO OTHER THAN PATIENTS				
20	SALE OF MEDICAL RECORDS & ABSTRACTS				
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)				
22	VENDING MACHINES				
23	INCOME FROM IMPOSITION OF INTEREST				
24	INTRST EXP ON MEDICARE OVERPAYMENTS				
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4	RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4	PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3			
28	UTILIZATION REVIEW-PHYSIAN COMP		UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES		OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP		OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES		NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP		NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST		**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT				
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4	OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4	SPEECH PATHOLOGY	52	
37	INVESTMENT INCOME				
37.01	INVESTMENT INCOME				
37.02	INCOME FROM UNCONSOLIDATED ENTITIES	B	NEW CAP REL COSTS-MVBLE E	4	11
37.03	INCOME FROM UNCONSOLIDATED ENTITIES	B	NEW CAP REL COSTS-MVBLE E	4	11
37.04	INCOME FROM UNCONSOLIDATED ENTITIES	B	NEW CAP REL COSTS-MVBLE E	4	11
37.05	EXPENSE RECOVERY	B	EMPLOYEE BENEFITS	5	
37.06	EXPENSE RECOVERY	B	NONPATIENT TELEPHONES	6.01	
37.07	EXPENSE RECOVERY	B	OTHER ADMINISTRATIVE AND	6.08	
37.08	EXPENSE RECOVERY	B	OPERATION OF PLANT	8	
37.09	EXPENSE RECOVERY	B	HOUSEKEEPING	10	
37.10	EXPENSE RECOVERY	B	DIETARY	11	
37.11	EXPENSE RECOVERY	B	MEDICAL RECORDS & LIBRARY	17	
37.12	EXPENSE RECOVERY	B	ADULTS & PEDIATRICS	25	
37.13	EXPENSE RECOVERY	B	OPERATING ROOM	37	
37.14	EXPENSE RECOVERY	B	ANESTHESIOLOGY	40	
37.15	EXPENSE RECOVERY	B	RADIOLOGY-DIAGNOSTIC	41	
37.16	EXPENSE RECOVERY	B	DIAGNOSTIC ULTRASOUND	41.02	
37.17	EXPENSE RECOVERY	B	RADIOLOGY-THERAPEUTIC	42	
37.18	EXPENSE RECOVERY	B	LABORATORY	44	
37.19	EXPENSE RECOVERY	B	INTRAVENOUS THERAPY	48	
37.20	EXPENSE RECOVERY	B	RESPIRATORY THERAPY	49	
37.21	EXPENSE RECOVERY	B	PHYSICAL THERAPY	50	
37.22	EXPENSE RECOVERY	B	CARDIAC CATHETERIZATION L	53.01	
37.23	EXPENSE RECOVERY	B	CARDIOPULMONARY	53.02	
37.24	EXPENSE RECOVERY	B	ELECTROENCEPHALOGRAPHY	54	
37.25	EXPENSE RECOVERY	B	MEDICAL SUPPLIES CHARGED	55	
37.26	EXPENSE RECOVERY	B	DRUGS CHARGED TO PATIENTS	56	
37.27	EXPENSE RECOVERY	B	OUTREACH CLINIC	59.01	
37.28	EXPENSE RECOVERY	B	SENIOR HEALTH/FAMILY PRAC	60.01	
37.29	EXPENSE RECOVERY	B	EMERGENCY	61	
37.30	EXPENSE RECOVERY	B	AMBULANCE SERVICES	65	
37.31	EXPENSE RECOVERY	B	DURABLE MEDICAL EQUIP-REN	66	
37.33					
37.34	NONALLOWABLE LEGAL/CONSULT	A	OTHER ADMINISTRATIVE AND	6.08	
37.35	NONALLOWABLE LEGAL/CONSULT	A	OPERATING ROOM	37	
37.36					
37.37	NET ASSETS RELEASED (FOUNDATION)	B	EMPLOYEE BENEFITS	5	
37.38	NET ASSETS RELEASED (FOUNDATION)	B	OTHER ADMINISTRATIVE AND	6.08	
37.39	NET ASSETS RELEASED (FOUNDATION)	B	OTHER ADMINISTRATIVE AND	6.08	
37.40	NET ASSETS RELEASED (FOUNDATION)	B	OPERATION OF PLANT	8	
37.41	NET ASSETS RELEASED (FOUNDATION)	B	NURSING ADMINISTRATION	14	
37.42	NET ASSETS RELEASED (FOUNDATION)	B	ADULTS & PEDIATRICS	25	
37.43	NET ASSETS RELEASED (FOUNDATION)	B	NEONATAL ICU	26.02	
37.44	NET ASSETS RELEASED (FOUNDATION)	B	SUBPROVIDER	31	
37.45	NET ASSETS RELEASED (FOUNDATION)	B	RESPIRATORY THERAPY	49	
37.46	NET ASSETS RELEASED (FOUNDATION)	B	PHYSICAL THERAPY	50	
37.47	NET ASSETS RELEASED (FOUNDATION)	B	DRUGS CHARGED TO PATIENTS	56	
37.48	NET ASSETS RELEASED (FOUNDATION)	B	OUTREACH CLINIC	59.01	
37.49	NET ASSETS RELEASED (FOUNDATION)	B	EMERGENCY	61	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0100
II PERIOD: I PREPARED 11/24/2008
I FROM 7/ 1/2007 I WORKSHEET A-8
I TO 6/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF.
			COST CENTER			
	1	2	3		4	5
37.50 NET ASSETS RELEASED (FOUNDATION)	B	-2,404	AMBULANCE SERVICES		65	
37.51						
37.52 NONALLOWABLE PHYSICIAN RECRUITING	A	-1,750	EMPLOYEE BENEFITS		5	
37.53 NONALLOWABLE PHYSICIAN RECRUITING	A	-283	OTHER ADMINISTRATIVE AND		6.08	
37.54						
37.55						
37.56						
37.57						
37.58						
37.59 AHA DUES	A	-3,064	OTHER ADMINISTRATIVE AND		6.08	
37.60 CHA DUES	A	-2,263	OTHER ADMINISTRATIVE AND		6.08	
37.61 ENTERTAINMENT	A	-21,039	OTHER ADMINISTRATIVE AND		6.08	
37.62 ENTERTAINMENT	A	-4,674	EMPLOYEE BENEFITS		5	
37.63 ENTERTAINMENT	A	-210	MEDICAL RECORDS & LIBRARY		17	
37.64 ENTERTAINMENT	A	-2,142	I&R SERVICES-SALARY & FRI		22	
37.65 ENTERTAINMENT	A	-50	INTENSIVE CARE UNIT		26	
37.66 ENTERTAINMENT	A	-680	OPERATING ROOM		37	
37.67 ENTERTAINMENT	A	-51	DRUGS CHARGED TO PATIENTS		56	
37.68 ENTERTAINMENT	A	-36	EMERGENCY		61	
37.69 COMMUNITY PROJECTS	A	-51,384	OTHER ADMINISTRATIVE AND		6.08	
37.70 COMMUNITY PROJECTS	A	-4,581	EMERGENCY		61	
37.71 NONALLOWABLE ADVERTISING	A	-128	EMPLOYEE BENEFITS		5	
37.72 NONALLOWABLE ADVERTISING	A	-12,400	OTHER ADMINISTRATIVE AND		6.08	
37.73 NONALLOWABLE ADVERTISING	A	-3,808	SUBPROVIDER		31	
37.74 NONALLOWABLE ADVERTISING	A	-700	SUBPROVIDER 2		31.01	
37.75 NONALLOWABLE ADVERTISING	A	-60	LABORATORY		44	
37.76 NONALLOWABLE ADVERTISING	A	500	ANESTHESIOLOGY		40	
37.77 NONALLOWABLE ADVERTISING	A	-4,025	AMBULANCE SERVICES		65	
37.78						
37.79 DEPRECIATION ROLLFORWARD - 1985	A	-10,898	NEW CAP REL COSTS-MVBLE E		4	9
37.80 DEPRECIATION ROLLFORWARD - 1991	A	19,168	NEW CAP REL COSTS-BLDG &		3	9
37.81 DEPRECIATION ROLLFORWARD - 1991	A	12,476	NEW CAP REL COSTS-MVBLE E		4	9
37.82						
37.83 PHYSICIAN BILLING ADJUSTMENT	A	-12,387	ADULTS & PEDIATRICS		25	
37.84 PHYSICIAN BILLING ADJUSTMENT	A	-140,541	NEONATAL ICU		26.02	
37.85 PHYSICIAN BILLING ADJUSTMENT	A	-24	ELECTROCONVULSIVE THERAPY		53.03	
37.86 PHYSICIAN BILLING ADJUSTMENT	A	-11,126	OUTREACH CLINIC		59.01	
37.87 PHYSICIAN BILLING ADJUSTMENT	A	-11,400	BARIATRICS		60.04	
37.88 PHYSICIAN BILLING ADJUSTMENT	A	-16,985	EMERGENCY		61	
38						
39						
40						
40.01 SMHS EMPLOYEES OH REMOVED						
40.02 SMHS EMPLOYEES OH REMOVED						
40.03 NONALLOWABLE BENEFITS EXPENSE						
40.04						
40.05 NON ALLOW ACQUIS AND DEVELOPMENT COS						
40.06 NON ALLOW EB FOR ACQUIS AND DEVELOP						
40.07 CAPITALIZE MINOR EQUIPMENT	A	-1,203,971	NEW CAP REL COSTS-MVBLE E		4	9
40.08 FY2007 DEPR ON MINOR EQUIP	A	401,324	NEW CAP REL COSTS-MVBLE E		4	9
40.09 FY2006 DEPR ON MINOR EQUIP	A	198,561	NEW CAP REL COSTS-MVBLE E		4	9
41 FY2005 DEPR ON MINOR EQUIP	A	252,631	NEW CAP REL COSTS-MVBLE E		4	9
41.01 TV RADIO SERVICE	A	-11,518	OPERATION OF PLANT		8	
41.02 SELF INSURANCE PREMIUMS	A	-12,472,222	EMPLOYEE BENEFITS		5	
41.03						
41.04 PHYSICIAN LIABILITY INSURANCE - PT.	A	-277,975	OTHER ADMINISTRATIVE AND		6.08	
41.05 ADJUST CATH LAB EXP TO REMOVE REL PA	A	-423,437	CARDIAC CATHETERIZATION L		53.01	
41.06 ADJUST CATH LAB EXP TO REMOVE REL PA	A	-49,798	EMPLOYEE BENEFITS		5	
41.07 NONALLOWABLE CHILDCARE HOUSEKEEPING	A	-1,062	HOUSEKEEPING		10	
41.08 NONALLOWABLE CHILDCARE HOUSEKEEPING-	A	-284	EMPLOYEE BENEFITS		5	
41.09						
41.10 ADJUST PV LAB EXP TO REMOVE REL PA	A	-713,097	CAT SCAN		41.01	
41.11 ADJUST PV LAB EXP TO REMOVE REL PA	A	-44,379	EMPLOYEE BENEFITS		5	
41.12						
41.13						
41.14						
41.15 LOAN FORGIVENESS	A	-3,542	ADULTS & PEDIATRICS		25	
41.16 LOAN FORGIVENESS	A	-1,042	INTENSIVE CARE UNIT		26	
41.17 LOAN FORGIVENESS	A	-625	NEONATAL ICU		26.02	
41.18 LOAN FORGIVENESS	A	-208	SUBPROVIDER 2		31.01	
41.19 LOAN FORGIVENESS	A	-6,427	PHYSICAL THERAPY		50	
41.20 LOAN FORGIVENESS	A	-5,900	DRUGS CHARGED TO PATIENTS		56	
42 LOAN FORGIVENESS	A	-1,042	EMERGENCY		61	
43 GIFTS	A	-2,461	OTHER ADMINISTRATIVE AND		6.08	
44 GIFTS	A	-124	OPERATING ROOM		37	
45 SHARE	A	-2,504	OTHER ADMINISTRATIVE AND		6.08	
46						
47 NONALLOWABLE LATE PMT COST	A	-9	NONPATIENT TELEPHONES		6.01	
47.01 NONALLOWABLE LATE PMT COST	A	-924	PURCHASING, RECEIVING AND		6.03	
47.02 NONALLOWABLE LATE PMT COST	A	-85	CASHIERING/ACCOUNTS RECEI		6.06	
47.03 NONALLOWABLE LATE PMT COST	A	-5	OTHER ADMINISTRATIVE AND		6.08	
47.04 NONALLOWABLE LATE PMT COST	A	-21	OPERATION OF PLANT		8	
47.05 NONALLOWABLE LATE PMT COST	A	-16	LABORATORY		44	
47.06 NONALLOWABLE LATE PMT COST	A	-7	PHYSICAL THERAPY		50	
47.07 NONALLOWABLE LATE PMT COST	A	-13	OUTREACH CLINIC		59.01	

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE		
			AMOUNT IS TO BE ADJUSTED COST CENTER 3		
47.08					
47.09 NONALLOWABLE ASSET IMPAIRMENT EXP	A	-788,516	OTHER ADMINISTRATIVE AND	6.08	
47.10					
48 ADJ NEGATIVE COST CENTER TO ZERO	A	40	PSYCHIATRIC/PSYCHOLOGICAL	59	
49					
49.01 TO ADJUST NEGATIVE COST CENTER BALAN					
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,743,149			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
- (2) Basis for adjustment (see instructions).
- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.
- (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 3	NEW CAP REL COSTS-BLDG &	ASCENSION CRC	24,826		24,826	9
2 4	NEW CAP REL COSTS-MVBLE E	ASCENSION CRC	144,282		144,282	9
3 6 8	OTHER ADMINISTRATIVE AND	ASCENSION A&G/MGT FEES	2,079,425	3,876,096	-1,796,671	
4.01 3	NEW CAP REL COSTS-BLDG &	AHIS CRC	4,399		4,399	9
4.02 4	NEW CAP REL COSTS-MVBLE E	AHIS CRC	1,503,862		1,503,862	9
4.03 6 8	OTHER ADMINISTRATIVE AND	AHIS A7G/AHIS ON TB	13,928,733		13,928,733	
4.04						
4.05 3	NEW CAP REL COSTS-BLDG &	BOND AMORT/INT	5,521,914	5,381,970	139,944	9
4.06 6 8	OTHER ADMINISTRATIVE AND	BOND AMORT/INT	379,399	683,272	-303,873	
4.07						
4.08 3	NEW CAP REL COSTS-BLDG &	CHAN CRC	3,825		3,825	9
4.09 6 8	OTHER ADMINISTRATIVE AND	CHAN A&G	160,005		160,005	
4.10						
4.11						
4.12 5	EMPLOYEE BENEFITS	HO EXP INCLUDED IN SMMC W		257,456	-257,456	
4.13 15	CENTRAL SERVICES & SUPPLY	HO EXP INCLUDED IN SMMC W		1,239,633	-1,239,633	
4.14 6 8	OTHER ADMINISTRATIVE AND	HO EXP INCLUDED IN SMMC W		27,379,529	-27,379,529	
4.15 8	OPERATION OF PLANT	HO EXP INCLUDED IN SMMC W		161,632	-161,632	
4.16 17	MEDICAL RECORDS & LIBRARY	HO EXP INCLUDED IN SMMC W		406,961	-406,961	
4.17 100 4	MARKETING	HO EXP INCLUDED IN SMMC W		405,232	-405,232	
4.18						
4.19 6 8	OTHER ADMINISTRATIVE AND	SMMC DIRECT OFFICERS SALA	867,231		867,231	
4.20 5	EMPLOYEE BENEFITS	SMMC DIRECT EB		11,791,332	-11,791,332	
4.21 6 8	OTHER ADMINISTRATIVE AND	SMMC DIRECT OTHER	1,770,000		1,770,000	
4.22 6 8	OTHER ADMINISTRATIVE AND	SMMC FUNCTIONAL	17,615,696		17,615,696	
4.23 3	NEW CAP REL COSTS-BLDG &	SMMC POOLED CAPITAL	2,959,056		2,959,056	9
4.24 6 8	OTHER ADMINISTRATIVE AND	SMMC POOLED OTHER	19,994,008		19,994,008	
4.25						
4.26						
4.27						
4.28						
4.29						
4.30						
4.31						
4.32						
4.33						
4.34						
4.35						
4.36						
4.37						
4.38						
4.39						
4.40						
4.41						
4.42						
4.43						
4.44						
4.45						
5	TOTALS		66,956,661	51,583,113	15,373,548	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1 B		0.00	ASCENSION HEALTH	100.00	HOME OFFICE
2 B		0.00	ST. MARY'S HEALTH SYSTEM	100.00	SYSTEM HOME OFFICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF

G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

 I PROVIDER NO:
 I 15-0100
 I

 I PERIOD:
 I FROM 7/ 1/2007
 I TO 6/30/2008

 I PREPARED 11/24/2008
 I WORKSHEET A-8-2
 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 8	OTHER ADMINISTRATIVE AND	41,004		41,004	171,400	426	35,104	1,755
2								
3 25	ADULTS & PEDIATRICS	96,276	96,276					
4 25	ADULTS & PEDIATRICS	242,297	242,297					
5 31 1	SUBPROVIDER 2	54,605		54,605	171,400	520	42,850	2,143
6 31 1	SUBPROVIDER 2	21,842		21,842	171,400	208	17,140	857
7 31 1	SUBPROVIDER 2	5,880		5,880	171,400	56	4,615	231
8 41	RADIOLOGY-DIAGNOSTIC	11,500	11,500					
9 44	LABORATORY	68,016	68,016					
10 44	LABORATORY	68,016	68,016					
11 44	LABORATORY	68,016	68,016					
12 44	LABORATORY	68,016	68,016					
13 44	LABORATORY	68,016	68,016					
14 53	ELECTROCARDIOLOGY	969	969					
15 53	ELECTROCARDIOLOGY	1,646	1,646					
16 53	ELECTROCARDIOLOGY	3,002	3,002					
17 53	ELECTROCARDIOLOGY	13,769	13,769					
18 53	ELECTROCARDIOLOGY	209	209					
19								
20								
21 60 4	BARIATRICS	181,071	181,071					
22 61	EMERGENCY	186,079	186,079					
23 61	EMERGENCY	448,455	448,455					
24 61	EMERGENCY	44,542	44,542					
25 65	AMBULANCE SERVICES	1,050		1,050	171,400	7	577	29
26 6 8	MEDICAL DIRECTORS	631,013	218,553	412,460	171,400	2,110	173,872	8,694
27 6 8	MEDICAL EDUCATION	49,548	49,548					
28 6 8	ADVANCED HEALTH TEAM	500,000	500,000					
29 14	NURSING INSTITUTE	3,540	3,540					
30 23	FAMILY PRACTICE RESIDENCY	2,500	2,500					
31 31	PSYCH	3,800	3,800					
32 37	SURGERY	1,016,243	1,016,243					
33 39	LABOR & DELIVERY	329,096	329,096					
34 40	ANESTHESIA	2,905,618	2,905,618					
35 41	READIOLOGY	4,670	4,670					
36 42	ONCOLOGY	35,850	35,850					
37 53	CARDIOLOGY	130,217	130,217					
38 54	EEG	55	55					
39 60 1	GENETIC COUNSELING	5,400	5,400					
40 61	ER	2,447,556	2,447,556					
41 23	OTHER PODIATRY	267,656	267,656					
42								
43								
44								
45								
101	TOTAL	10,027,038	9,490,197	536,841		3,327	274,158	13,709

PROVIDER BASED PHYSICIAN ADJUSTMENTS

 I PROVIDER NO:
 I 15-0100
 I

 I PERIOD:
 I FROM 7/ 1/2007
 I TO 6/30/2008

 I PREPARED 11/24/2008
 I WORKSHEET A-8-2
 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	8 OTHER ADMINISTRATIVE AND					35,104	5,900	5,900
2								
3 25	ADULTS & PEDIATRICS							96,276
4 25	ADULTS & PEDIATRICS							242,297
5 31	1 SUBPROVIDER 2					42,850	11,755	11,755
6 31	1 SUBPROVIDER 2					17,140	4,702	4,702
7 31	1 SUBPROVIDER 2					4,615	1,265	1,265
8 41	RADIOLOGY-DIAGNOSTIC							11,500
9 44	LABORATORY							68,016
10 44	LABORATORY							68,016
11 44	LABORATORY							68,016
12 44	LABORATORY							68,016
13 44	LABORATORY							68,016
14 53	ELECTROCARDIOLOGY							969
15 53	ELECTROCARDIOLOGY							1,646
16 53	ELECTROCARDIOLOGY							3,002
17 53	ELECTROCARDIOLOGY							13,769
18 53	ELECTROCARDIOLOGY							209
19								
20								
21 60	4 BARIATRICS							181,071
22 61	EMERGENCY							186,079
23 61	EMERGENCY							448,455
24 61	EMERGENCY							44,542
25 65	AMBULANCE SERVICES					577	473	473
26 6	8 MEDICAL DIRECTORS					173,872	238,588	457,141
27 6	8 MEDICAL EDUCATION							49,548
28 6	8 ADVANCED HEALTH TEAM							500,000
29 14	NURSING INSTITUTE							3,540
30 23	FAMILY PRACTICE RESIDENCY							2,500
31 31	PSYCH							3,800
32 37	SURGERY							1,016,243
33 39	LABOR & DELIVERY							329,096
34 40	ANESTHESIA							2,905,618
35 41	READIOLOGY							4,670
36 42	ONCOLOGY							35,850
37 53	CARDIOLOGY							130,217
38 54	EEG							55
39 60	1 GENETIC COUNSELING							5,400
40 61	ER							2,447,556
41 23	OTHER PODIATRY							267,656
42								
43								
44								
45								
101	TOTAL					274,158	262,683	9,752,880

COST ALLOCATION STATISTICS

I PROVIDER NO:

I PERIOD:

I PREPARED 11/24/2008

I 15-0100

I FROM 7/ 1/2007

I NOT A CMS WORKSHEET

I

I TO 6/30/2008

I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIX REGINA	2	REGINA	SQ FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT SETON	4	SETON SQ	FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT WELBOR	5	WELBORN	SQ FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR	VALUE	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	4	SETON SQ	FEET	ENTERED
4.02	NEW CAP REL COSTS-MVBLE EQUIP WELBOR	7	WELBORN	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	10	NONPATIENT	T TELEPHO	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	11	SUPPLIES	EXPENSE	ENTERED
6.05	ADMITTING	C	GROSS	CHARGES	ENTERED
6.06	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	ENTERED
6.07	MANAGEMENT SERVICES-MULBERRY	14	MULBERRY	GROSS REVS	ENTERED
6.08	OTHER ADMINISTRATIVE AND GENERAL	-15	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
8.02	OPERATION OF PLANT	5	WELBORN	SQ FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	20	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
10.02	HOUSEKEEPING	23	WELBORN	SQ FEET	NOT ENTERED
11	DIETARY	24	MEALS	SERVED	ENTERED
12	CAFETERIA	25	MAN HOURS		ENTERED
14	NURSING ADMINISTRATION	27	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	SUPPLIES	EXPENSE	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	34	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	34	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	35	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTs-BLDG &	OLD CAP REL C OSTs-BLDG &	OLD CAP REL C OSTs-MVBLE E	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-BLDG &
		0	1	1.01	2	3	3.01	3.02
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &	3,371,735	3,371,735					
002	02 OLD CAP REL COSTS-MVBLE E	131,513			131,513			
003	03 NEW CAP REL COSTS-BLDG &	11,858,780				11,858,780		
003	01 NEW CAP REL COSTS-BLDG &	89,592					89,592	
003	02 NEW CAP REL COSTS-BLDG &							
004	04 NEW CAP REL COSTS-MVBLE E	12,311,006						
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	4,854,210	2,313		498	8,135	5,524	
006	01 NONPATIENT TELEPHONES	275,352	5,585			19,643		
006	03 PURCHASING, RECEIVING AND	455,702	66,305		2,620	233,201		
006	05 ADMITTING	1,875,572	70,663		1,593	248,528		
006	06 CASHIERING/ACCOUNTS RECEI	4,016,872			344			
006	07 MANAGEMENT SERVICES-MULBE	301,713	3,626			12,754		
006	08 OTHER ADMINISTRATIVE AND	56,455,975	238,867		65,442	840,122	22,828	
008	02 OPERATION OF PLANT	8,101,063	494,002		8,775	1,737,461	3,418	
009	LAUNDRY & LINEN SERVICE	1,061,756	51,363		47,309	180,651		
010	HOUSEKEEPING	2,626,574	53,226			187,203	151	
010	02 HOUSEKEEPING							
011	DIETARY	962,308	67,191		3,699	236,318	1,722	
012	CAFETERIA	1,286,254	39,021			137,242		
014	NURSING ADMINISTRATION	2,554,017	7,834		288	27,554		
015	CENTRAL SERVICES & SUPPLY	1,160,656	78,015			274,388		
017	MEDICAL RECORDS & LIBRARY	2,825,500	44,910		945	157,955	763	
022	I&R SERVICES-SALARY & FRI	111,426	12,410			43,648		
023	I&R SERVICES-OTHER PRGM C	66,862						
024	PARAMED ED PRGM	84,295						
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	15,953,566	734,443			2,583,128		
026	INTENSIVE CARE UNIT	6,856,571	168,313			591,977		
026	01 PEDIATRIC ICU							
026	02 NEONATAL ICU	3,988,172	71,490			251,437		
027	CORONARY CARE UNIT	1,082,451	25,648			90,205		
031	SUBPROVIDER	929,817	882			3,101		
031	01 SUBPROVIDER 2	2,347,670						
033	NURSERY	246,622						
034	SKILLED NURSING FACILITY		1,477			5,194		
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	26,024,854	145,897			513,135		
038	RECOVERY ROOM	2,435,410	59,597			209,611		
039	DELIVERY ROOM & LABOR ROO	2,009,601	110,075			387,145		
040	ANESTHESIOLOGY	60,722						
041	RADIOLOGY-DIAGNOSTIC	4,900,937	90,075			316,806		
041	01 CAT SCAN	620,745	11,842			41,650		
041	02 DIAGNOSTIC ULTRASOUND	653,078	3,222			11,332		
041	03 NUCLEAR MEDICINE	1,499,838	13,483			47,420		
042	RADIOLOGY-THERAPEUTIC	1,700,648						
043	RADIOISOTOPE							
044	LABORATORY	6,996,131	57,453			202,067		
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	2,649,401	2,817			9,909		
048	INTRAVENOUS THERAPY	2,576,278	2,318			8,151		
049	RESPIRATORY THERAPY	3,112,099	11,629			40,899		
050	PHYSICAL THERAPY	3,839,929	26,825			94,345		
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	1,735,896	19,167			67,414		
053	01 CARDIAC CATHETERIZATION L	3,651,951	58,457			205,599		
053	02 CARDIOPULMONARY	603,898	832			2,925		
053	03 ELECTROCONVULSIVE THERAPY	594,655						
054	ELECTROENCEPHALOGRAPHY	663,816	1,531			5,386		
055	MEDICAL SUPPLIES CHARGED	25,054,301						
056	DRUGS CHARGED TO PATIENTS	17,956,605	28,501			100,242		
057	RENAL DIALYSIS	1,728,131	1,331			4,683		
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL							
059	01 OUTREACH CLINIC	533,678						
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC	7,209						
060	02 OB-PEDS CLINIC							
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS	378,836						
060	05 CHILD HEALTH CTR							
061	EMERGENCY	5,294,773	199,786			702,672		
061	01 DIAGNOSTIC TREATMENT CENT	2,391,214	53,681			188,802		
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	2,226,290						

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS			I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART I
COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
		0	1	1.01	2	3	3.01	3.02
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN		4,567			16,062	4,778	
092	DURABLE MEDICAL EQUIP-SOL							
095	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS	270,144,526	3,140,670		131,513	11,046,100	39,184	
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC	5,713,506	69,972			246,099		
100	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE	54,259					11,027	
100	01 ST. MARY'S APOTHECARY	539,092	827			2,909		
100	02 OCCUPATIONAL MEDICINE	745,240					39,381	
100	03 CANCER CTR/PHYS RECRUITME	153,357						
100	04 MARKETING	1,892,997	14,119			49,658		
100	05 WIRTH HOSPITAL MGMT	36,497						
100	06 MOB	2,086,934						
100	07 SENIOR PARTNERS	58,555						
100	08 PSYCH FREESTANDING CLINIC	319,833						
100	09 WELBORN PROFESSIONAL SVC	3,166,353	26,447			93,018		
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH		7,053			24,805		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB		4,708			16,558		
100	15 FAMILY PRACTICE		66,500			233,888		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE	1,059,462	41,439			145,745		
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	285,970,611	3,371,735		131,513	11,858,780	89,592	

COST CENTER DESCRIPTION	NEW CAP REL C NEW CAP REL C NEW CAP REL C		EMPLOYEE BENE		NONPATIENT TE		PURCHASING, R		ADMITTING
	OSTS-MVBLE E	OSTS-MVBLE E	OSTS-MVBLE E	FITS	LEPHONES	ECEIVING AND			
	4	4.01	4.02	5	6.01	6.03		6.05	
001 GENERAL SERVICE COST CNTR									
001 01 OLD CAP REL COSTS-BLDG &									
002 OLD CAP REL COSTS-MVBLE E									
003 NEW CAP REL COSTS-BLDG &									
003 01 NEW CAP REL COSTS-BLDG &									
003 02 NEW CAP REL COSTS-BLDG &									
004 NEW CAP REL COSTS-MVBLE E	12,311,006								
004 01 NEW CAP REL COSTS-MVBLE E									
004 02 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS	3,214			4,873,894					
006 01 NONPATIENT TELEPHONES	62,630			8,057	371,267				
006 03 PURCHASING, RECEIVING AND	15,661			20,379	2,525	796,393			
006 05 ADMITTING	5,993			79,719	6,132	1,365		2,289,565	
006 06 CASHIERING/ACCOUNTS RECEI	8,835			42,030	13,706	539			
006 07 MANAGEMENT SERVICES-MULBE	837			13,997	3,006	40			
006 08 OTHER ADMINISTRATIVE AND	3,319,132			376,167	56,748	5,495			
008 OPERATION OF PLANT	55,366			149,946	12,504	6,439			
008 02 OPERATION OF PLANT									
009 LAUNDRY & LINEN SERVICE	25,352			31,428	240	6,158			
010 HOUSEKEEPING	7,315			101,032	1,563	4,340			
010 02 HOUSEKEEPING									
011 DIETARY	92,432			37,976	3,366				
012 CAFETERIA	2,528			41,332					
014 NURSING ADMINISTRATION	152,447			114,429	3,487	267			
015 CENTRAL SERVICES & SUPPLY	111,403			62,723	1,563	20,840			
017 MEDICAL RECORDS & LIBRARY	41,988			113,671	21,882	445			
022 I&R SERVICES-SALARY & FRI	2,177			6,162	2,525	493			
023 I&R SERVICES-OTHER PRGM C				12,570					
024 PARAMED ED PRGM				3,959					
025 INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS	473,410			670,990	63,960	11,968		110,738	
026 INTENSIVE CARE UNIT	152,979			291,251	11,061	4,266		52,767	
026 01 PEDIATRIC ICU									
026 02 NEONATAL ICU	100,909			179,973	4,809	2,310		55,070	
027 CORONARY CARE UNIT	36,040			48,447	2,164	774		6,718	
031 SUBPROVIDER	2,168			45,514	3,727	302		8,656	
031 01 SUBPROVIDER 2	32,113			101,049	12,504	1,147		16,541	
033 NURSERY				10,685		911		1,944	
034 SKILLED NURSING FACILITY									
035 NURSING FACILITY									
035 01 ICF/MR									
037 ANCILLARY SRVC COST CNTRS									
037 OPERATING ROOM	1,604,360			208,608	10,219	22,778		284,455	
038 RECOVERY ROOM	9,436			107,686	6,132	930		55,607	
039 DELIVERY ROOM & LABOR ROO	30,152			84,299	4,689	3,412		11,756	
040 ANESTHESIOLOGY	15,989			1,595	481	3		18,579	
041 RADIOLOGY-DIAGNOSTIC	1,173,834			112,148	12,263	24,995		123,246	
041 01 CAT SCAN	1,282,493			30,189	721	5,067		135,571	
041 02 DIAGNOSTIC ULTRASOUND	149,757			21,758	481	1,043		13,746	
041 03 NUCLEAR MEDICINE	318,256			22,251	1,082	13,643		50,693	
042 RADIOLOGY-THERAPEUTIC	588,189			362	3,126	1,183		47,183	
043 RADIOISOTOPE									
044 LABORATORY	300,210			200,610	10,700	35,403		180,099	
045 PBP CLINICAL LAB SERVICES									
047 BLOOD STORING, PROCESSING	37,968			14,715		43,480		1,445	
048 INTRAVENOUS THERAPY	21,048			18,499	240	30,250		14,200	
049 RESPIRATORY THERAPY	139,316			111,906	1,202	6,549		97,461	
050 PHYSICAL THERAPY	42,586			153,402	4,208	1,437		56,416	
051 OCCUPATIONAL THERAPY									
052 SPEECH PATHOLOGY									
053 ELECTROCARDIOLOGY	68,253			21,811	5,050	828		14,369	
053 01 CARDIAC CATHETERIZATION L	1,117,302			64,527	6,132	30,321		91,365	
053 02 CARDIOPULMONARY	22,349			20,856	2,405	190		1,022	
053 03 ELECTROCONVULSIVE THERAPY	1,408			14,860	4,088	74		2,058	
054 ELECTROENCEPHALOGRAPHY	32,858			4,519	842	122		10,242	
055 MEDICAL SUPPLIES CHARGED						469,368		405,594	
056 DRUGS CHARGED TO PATIENTS	58,887			151,333	6,492	6,149		213,222	
057 RENAL DIALYSIS	20,368			62,736	481	6,555		5,158	
058 ASC (NON-DISTINCT PART)									
059 PSYCHIATRIC/PSYCHOLOGICAL	811							2	
059 01 OUTREACH CLINIC	1,078			21,742	5,531	656		4,015	
059 02 ACUPUNCTURE									
060 OUTPAT SERVICE COST CNTRS									
060 CLINIC									
060 01 SENIOR HEALTH/FAMILY PRAC	27,647			2,231	12,985	6		122	
060 02 OB-PEDS CLINIC					6,132			11	
060 03 ORTHOPEDIC SVC									
060 04 BARIATRICS	13,927			18,463	3,607	364		763	
060 05 CHILD HEALTH CTR									
061 EMERGENCY	104,711			259,786	12,023	5,798		163,734	
061 01 DIAGNOSTIC TREATMENT CENT	157,338			82,144	6,011	10,075		20,560	
062 OBSERVATION BEDS (NON-DIS									
062 OTHER REIMBURS COST CNTRS									
064 HOME PROGRAM DIALYSIS									
065 AMBULANCE SERVICES	18,783			35,725	962	1,872		14,437	

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS			I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART I
COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND	ADMITTING
		4	4.01	4.02	5	6.01	6.03	6.05
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN	99				240	70	
092	DURABLE MEDICAL EQUIP-SOL							
095	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS	12,064,342			4,412,247	355,997	790,720	2,289,565
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	3,885			218,184	3,847	121	
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE	8,015			1,917	1,924	176	
100	01 ST. MARY'S APOTHECARY	7,445			21,800	1,443	490	
100	02 OCCUPATIONAL MEDICINE	54			17,627		4	
100	03 CANCER CTR/PHYS RECRUITME	358			4,866	601	81	
100	04 MARKETING	15,428			54,517	3,968	1,871	
100	05 WIRTH HOSPITAL MGMT				1,418		8	
100	06 MOB	183,323						
100	07 SENIOR PARTNERS	2,511				361	300	
100	08 PSYCH FREESTANDING CLINIC				3,795	240	8	
100	09 WELBORN PROFESSIONAL SVC	24,996			115,727	1,924	2,446	
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH							
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB	117				962		
100	15 FAMILY PRACTICE							
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE	532			21,796		168	
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	12,311,006			4,873,894	371,267	796,393	2,289,565

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I PERIOD:	I	PREPARED 11/24/2008	
			I	15-0100	I FROM 7/ 1/2007	I	WORKSHEET B	
			I		I TO 6/30/2008	I	PART I	
	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		6.06	6.07	6a.07	6.08	8	8.02	9
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	03 NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	04 NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	03 PURCHASING, RECEIVING AND							
006	05 ADMITTING							
006	06 CASHIERING/ACCOUNTS RECEI	4,082,326						
006	07 MANAGEMENT SERVICES-MULBE		335,973					
006	08 OTHER ADMINISTRATIVE AND			61,380,776	61,380,776			
008	02 OPERATION OF PLANT			10,568,974	2,888,522	13,457,496		
009	LAUNDRY & LINEN SERVICE			1,404,257	383,786	169,204		1,957,247
010	02 HOUSEKEEPING			2,981,404	814,824	277,280		
011	DIETARY			1,405,012	383,993	240,405		
012	CAFETERIA			1,506,377	411,696	125,007		
014	NURSING ADMINISTRATION			2,860,323	781,732	25,097		
015	CENTRAL SERVICES & SUPPLY			1,709,588	467,234	249,926		
017	MEDICAL RECORDS & LIBRARY			3,208,059	876,769	155,025		
022	I&R SERVICES-SALARY & FRI			178,841	48,878	39,757		55,649
023	I&R SERVICES-OTHER PRGM C			79,432	21,709			
024	PARAMED ED PRGM			88,254	24,120			
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	197,470		20,799,673	5,684,592	2,352,840		646,226
026	01 INTENSIVE CARE UNIT	94,096		8,223,281	2,247,439	539,202		183,859
026	02 PEDIATRIC ICU							23,311
027	02 NEONATAL ICU	98,202		4,752,372	1,298,833	229,021		51,010
031	CORONARY CARE UNIT	11,980		1,304,427	356,503	82,164		24,407
031	01 SUBPROVIDER 2	15,435		1,009,602	275,926	171,286		
033	01 SUBPROVIDER 2	29,497		2,540,521	694,329	514,090		83,806
033	NURSERY	3,467		263,629	72,050			
034	SKILLED NURSING FACILITY			6,671	1,823	4,731		
035	01 NURSING FACILITY							
035	ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	507,247		29,321,553	8,013,565	467,389		118,213
038	RECOVERY ROOM	99,160		2,983,569	815,415	233,229		98,531
039	DELIVERY ROOM & LABOR ROO	20,964		2,662,093	727,555	352,631		73,324
040	ANESTHESIOLOGY	33,130		130,499	35,666			
041	RADIOLOGY-DIAGNOSTIC	219,775		6,974,079	1,906,030	574,213		110,048
041	01 CAT SCAN	241,753		2,370,031	647,734	75,540		28,321
041	02 DIAGNOSTIC ULTRASOUND	24,512		878,929	240,213	27,106		
041	03 NUCLEAR MEDICINE	90,397		2,057,063	562,199	102,384		4,847
042	RADIOLOGY-THERAPEUTIC	84,137		2,424,828	662,710			10,043
043	RADIOISOTOPE							
044	LABORATORY	321,157		8,303,830	2,269,453	354,771		
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	2,577		2,762,312	754,945	9,026		
048	INTRAVENOUS THERAPY	25,323		2,696,307	736,906	7,424		
049	RESPIRATORY THERAPY	173,794		3,694,855	1,009,811	37,253		
050	PHYSICAL THERAPY	100,602		4,319,750	1,180,596	355,790		25,488
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	25,623		1,958,411	535,238	66,383		10,091
053	01 CARDIAC CATHETERIZATION L	162,924		5,388,578	1,472,709	273,364		31,152
053	02 CARDIOPULMONARY	1,822		656,299	179,368	111,526		8,392
053	03 ELECTROCONVULSIVE THERAPY	3,670		620,813	169,669	67,460		
054	ELECTROENCEPHALOGRAPHY	18,265		737,581	201,582	98,308		4,901
055	MEDICAL SUPPLIES CHARGED	722,787		26,652,050	7,284,059			
056	DRUGS CHARGED TO PATIENTS	380,223		18,901,654	5,165,860	91,306		
057	RENAL DIALYSIS	9,197		1,838,640	502,504	4,265		
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL	4		817	223			
059	01 OUTREACH CLINIC	7,159		573,859	156,837			
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST CNTRS							
060	01 CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC	218		50,418	13,779	311,505		6,167
060	02 OB-PEDS CLINIC	19		6,162	1,684	112,007		1,050
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS	1,360		417,320	114,054			
060	05 CHILD HEALTH CTR							
061	EMERGENCY	291,974		7,035,257	1,922,750	640,028		226,301
061	01 DIAGNOSTIC TREATMENT CENT	36,662		2,946,487	805,281	171,970		53,509
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	25,744		2,323,813	635,103			

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008		
			I	15-0100	I FROM 7/ 1/2007	I WORKSHEET B		
			I		I TO 6/30/2008	I PART I		
COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		6.06	6.07	6a.07	6.08	8	8.02	9
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN			25,816	7,056	101,278		
092	SPEC PURPOSE COST CENTERS							
095	AMBULATORY SURGICAL CENTE							
	SUBTOTALS	4,082,326		267,985,146	56,465,312	9,821,191		1,878,646
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC			6,255,614	1,709,672	395,532		
100	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE			77,318	21,131	301,562		6,477
100	01 ST. MARY'S APOTHECARY			574,006	156,877	44,576		
100	02 OCCUPATIONAL MEDICINE			802,306	219,272	575,218		18,479
100	03 CANCER CTR/PHYS RECRUITME			159,263	43,527			
100	04 MARKETING			2,032,558	555,502	227,362		
100	05 WIRTH HOSPITAL MGMT			37,923	10,364			
100	06 MOB			2,270,257	620,466			51,877
100	07 SENIOR PARTNERS			61,727	16,870			
100	08 PSYCH FREESTANDING CLINIC			323,876	88,516			
100	09 WELBORN PROFESSIONAL SVC			3,430,911	937,675	179,351		1,768
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH			31,858	8,707	22,594		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB			22,345	6,107	15,082		
100	15 FAMILY PRACTICE			300,388	82,097	1,040,626		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE		335,973	1,605,115	438,681	834,402		
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	4,082,326	335,973	285,970,611	61,380,776	13,457,496		1,957,247

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I PERIOD:	I	PREPARED 11/24/2008	
			I	15-0100	I FROM 7/ 1/2007	I	WORKSHEET B	
			I		I TO 6/30/2008	I	PART I	
COST CENTER DESCRIPTION		HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
		10	10.02	11	12	14	15	17
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	03 PURCHASING, RECEIVING AND							
006	05 ADMITTING							
006	06 CASHIERING/ACCOUNTS RECEI							
006	07 MANAGEMENT SERVICES-MULBE							
006	08 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
008	02 OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	4,073,508						
010	02 HOUSEKEEPING							
011	DIETARY	75,267		2,104,677				
012	CAFETERIA	39,137			2,082,217			
014	NURSING ADMINISTRATION	7,858			72,904	3,747,914		
015	CENTRAL SERVICES & SUPPLY	78,247			54,003		2,558,998	
017	MEDICAL RECORDS & LIBRARY	48,535			91,614		1,518	4,381,520
022	I&R SERVICES-SALARY & FRI	12,447		528	12,001		1,679	
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM				1,364			
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	736,631		1,344,421	403,217	2,046,705	40,784	211,943
026	INTENSIVE CARE UNIT	168,814		267,217	150,144	680,484	14,538	100,992
026	01 PEDIATRIC ICU					267,123		
026	02 NEONATAL ICU	71,702			85,423		7,872	105,400
027	CORONARY CARE UNIT	25,724		23,995	22,283	101,035	2,636	12,858
031	SUBPROVIDER	53,626		69,898	23,797	79,906	1,029	16,567
031	01 SUBPROVIDER 2	160,952		204,471	55,885	266,354	3,910	31,659
033	NURSERY			38,029	6,205	39,953	3,106	3,721
034	SKILLED NURSING FACILITY	1,481						
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	146,331			108,006		77,625	544,424
038	RECOVERY ROOM	73,020		19,178	56,976		3,170	106,427
039	DELIVERY ROOM & LABOR ROO	110,402			44,716	266,354	11,627	22,500
040	ANESTHESIOLOGY				1,214		9	35,558
041	RADIOLOGY-DIAGNOSTIC	179,776		23	66,603		85,179	235,883
041	01 CAT SCAN	23,650			15,983		17,266	259,471
041	02 DIAGNOSTIC ULTRASOUND	8,487			10,160		3,555	26,308
041	03 NUCLEAR MEDICINE	32,055		166	11,087		46,494	97,022
042	RADIOLOGY-THERAPEUTIC				205		4,031	90,304
043	RADIOISOTOPE							
044	LABORATORY	111,072		34	130,343		120,648	344,695
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	2,826			7,132		148,170	2,766
048	INTRAVENOUS THERAPY	2,324		3,263	8,510		103,086	27,179
049	RESPIRATORY THERAPY	11,663		92	58,244		22,316	186,531
050	PHYSICAL THERAPY	111,391		757	78,754		4,897	107,975
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	20,783			15,055		2,823	27,501
053	01 CARDIAC CATHETERIZATION L	85,585		27,666	30,574		103,329	174,865
053	02 CARDIOPULMONARY	34,917			11,496		649	1,955
053	03 ELECTROCONVULSIVE THERAPY	21,121		126	8,332		253	3,939
054	ELECTROENCEPHALOGRAPHY	30,778		8,654	2,536		415	19,603
055	MEDICAL SUPPLIES CHARGED						1,599,558	775,757
056	DRUGS CHARGED TO PATIENTS	28,586			65,963		20,954	408,089
057	RENAL DIALYSIS	1,335			29,402		22,338	9,871
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL							
059	01 OUTREACH CLINIC				11,796		2,235	4
059	02 ACUPUNCTURE							7,684
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC	97,527			1,105		19	234
060	02 OB-PEDS CLINIC	35,067						20
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS				8,564		1,241	1,460
060	05 CHILD HEALTH CTR							
061	EMERGENCY	200,381		52,888	131,598		19,758	313,374
061	01 DIAGNOSTIC TREATMENT CENT	53,841		43,271	41,361		34,333	39,350
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES				15,287		6,378	27,631

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I PERIOD:	I	PREPARED 11/24/2008	
			I	15-0100	I FROM 7/ 1/2007	I	WORKSHEET B	
			I		I TO 6/30/2008	I	PART I	
COST CENTER DESCRIPTION		HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY
		10	10.02	11	12	14	15	17
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN	31,708					238	
092	DURABLE MEDICAL EQUIP-SOL							
095	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS	2,935,047		2,104,677	1,949,842	3,747,914	2,539,666	4,381,520
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	123,834			26,851		411	
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE	94,414			1,200		601	
100 01	ST. MARY'S APOTHECARY	13,956			9,969		1,670	
100 02	OCCUPATIONAL MEDICINE	180,090			1,759		14	
100 03	CANCER CTR/PHYS RECRUITME				3,232		276	
100 04	MARKETING	71,183			24,969		6,375	
100 05	WIRTH HOSPITAL MGMT				1,050		26	
100 06	MOB							
100 07	SENIOR PARTNERS						1,022	
100 08	PSYCH FREESTANDING CLINIC				1,364		28	
100 09	WELBORN PROFESSIONAL SVC	56,151			49,871		8,337	
100 10	JOSHUA CITY SCHOOL							
100 11	ST. ELIZABETH	7,074						
100 12	REGINA CLOSE OUT							
100 13	TR SUP/DR T							
100 14	FREE STANDING CATH LAB	4,722			14			
100 15	FAMILY PRACTICE	325,801						
100 16	OB/PEDS							
100 17	IDLE AND EXCESS SPACE	261,236			12,096		572	
100 18	SMHS EMPLOYEES IN SMMC							
100 19	SMMC DEPTS TO SMHS							
100 20	STOREROOM / DISTRIBUTION							
100 21	PRINT SHOP							
100 22	MAIL ROOM-SMHS HO COST							
100 23	ACCOUNTING-SMHS HO COST							
100 24	IS APPLICATIONS-SMHS HO C							
100 25	PRIMARY SOURCE VERIFICATI							
100 26	CMO-DR. GALLAGHER-SMHS HO							
100 27	INFECTION DISEASE-SMHS HO							
100 28	SMHS WARRICK							
100 29	COMPANY 10 AND OTHER							
100 30	STARS PROGRAM							
100 31	EMPLOYEE HEALTH							
100 32	MAT MGMT PURCHASING							
100 33	DECISION SUPPORT							
100 34	PLANETREE							
100 35	EDUCATION							
100 36	QUALITY							
100 37	EMS SECURITY							
100 38	MOTOR SERVICE							
100 39	MEDICAL LIBRARY							
100 40	MGMT PATIENT RELATIONS							
100 41	SUBSIDIARY SUPPORT							
100 42	MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	4,073,508		2,104,677	2,082,217	3,747,914	2,558,998	4,381,520

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
002	02 OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-BLDG &						
003	02 NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
004	01 NEW CAP REL COSTS-MVBLE E						
004	02 NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	03 PURCHASING, RECEIVING AND						
006	05 ADMITTING						
006	06 CASHIERING/ACCOUNTS RECEI						
006	07 MANAGEMENT SERVICES-MULBE						
006	08 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
008	02 OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010	02 HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
017	MEDICAL RECORDS & LIBRARY						
022	I&R SERVICES-SALARY & FRI	349,780					
023	I&R SERVICES-OTHER PRGM C		101,141				
024	PARAMED ED PRGM			113,738			
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	349,780	101,141		34,717,953	-450,921	34,267,032
026	INTENSIVE CARE UNIT				12,575,970		12,575,970
026	01 PEDIATRIC ICU				290,434		290,434
026	02 NEONATAL ICU				6,601,633		6,601,633
027	CORONARY CARE UNIT				1,956,032		1,956,032
031	SUBPROVIDER				1,701,637		1,701,637
031	01 SUBPROVIDER 2				4,555,977		4,555,977
033	NURSERY				426,693		426,693
034	SKILLED NURSING FACILITY				14,706		14,706
035	NURSING FACILITY						
035	01 ICF/MR						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				38,797,106		38,797,106
038	RECOVERY ROOM				4,389,515		4,389,515
039	DELIVERY ROOM & LABOR ROO				4,271,202		4,271,202
040	ANESTHESIOLOGY				202,946		202,946
041	RADIOLOGY-DIAGNOSTIC			113,738	10,245,572		10,245,572
041	01 CAT SCAN				3,437,996		3,437,996
041	02 DIAGNOSTIC ULTRASOUND				1,194,758		1,194,758
041	03 NUCLEAR MEDICINE				2,913,317		2,913,317
042	RADIOLOGY-THERAPEUTIC				3,192,121		3,192,121
043	RADIOISOTOPE						
044	LABORATORY				11,634,846		11,634,846
045	PBP CLINICAL LAB SERVICES						
047	BLOOD STORING, PROCESSING				3,687,177		3,687,177
048	INTRAVENOUS THERAPY				3,584,999		3,584,999
049	RESPIRATORY THERAPY				5,020,765		5,020,765
050	PHYSICAL THERAPY				6,185,398		6,185,398
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY				2,636,285		2,636,285
053	01 CARDIAC CATHETERIZATION L				7,587,822		7,587,822
053	02 CARDIOPULMONARY				1,004,602		1,004,602
053	03 ELECTROCONVULSIVE THERAPY				891,713		891,713
054	ELECTROENCEPHALOGRAPHY				1,104,358		1,104,358
055	MEDICAL SUPPLIES CHARGED				36,311,424		36,311,424
056	DRUGS CHARGED TO PATIENTS				24,682,412		24,682,412
057	RENAL DIALYSIS				2,408,355		2,408,355
058	ASC (NON-DISTINCT PART)						
059	PSYCHIATRIC/PSYCHOLOGICAL				1,044		1,044
059	01 OUTREACH CLINIC				752,411		752,411
059	02 ACUPUNCTURE						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060	01 SENIOR HEALTH/FAMILY PRAC				480,754		480,754
060	02 OB-PEDS CLINIC				155,990		155,990
060	03 ORTHOPEDIC SVC						
060	04 BARIATRICS				542,639		542,639
060	05 CHILD HEALTH CTR						
061	EMERGENCY				10,542,335		10,542,335
061	01 DIAGNOSTIC TREATMENT CENT				4,189,403		4,189,403
062	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES				3,008,212		3,008,212

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		22	23	24	25	26	27
066	OTHER REIMBURS COST CNTRS						
067	DURABLE MEDICAL EQUIP-REN				166,096		166,096
	DURABLE MEDICAL EQUIP-SOL						
	SPEC PURPOSE COST CENTERS						
092	AMBULATORY SURGICAL CENTE						
095	SUBTOTALS	349,780	101,141	113,738	258,064,608	-450,921	257,613,687
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC				8,511,914		8,511,914
099	NONPAID WORKERS						
100	FITNESS CENTER/DAYCARE				502,703		502,703
100	01 ST. MARY'S APOTHECARY				801,054		801,054
100	02 OCCUPATIONAL MEDICINE				1,797,138		1,797,138
100	03 CANCER CTR/PHYS RECRUITME				206,298		206,298
100	04 MARKETING				2,917,949		2,917,949
100	05 WIRTH HOSPITAL MGMT				49,363		49,363
100	06 MOB				2,942,600		2,942,600
100	07 SENIOR PARTNERS				79,619		79,619
100	08 PSYCH FREESTANDING CLINIC				413,784		413,784
100	09 WELBORN PROFESSIONAL SVC				4,664,064		4,664,064
100	10 JOSHUA CITY SCHOOL						
100	11 ST. ELIZABETH				70,233		70,233
100	12 REGINA CLOSE OUT						
100	13 TR SUP/DR T						
100	14 FREE STANDING CATH LAB				48,270		48,270
100	15 FAMILY PRACTICE				1,748,912		1,748,912
100	16 OB/PEDS						
100	17 IDLE AND EXCESS SPACE				3,152,102		3,152,102
100	18 SMHS EMPLOYEES IN SMMC						
100	19 SMMC DEPTS TO SMHS						
100	20 STOREROOM / DISTRIBUTION						
100	21 PRINT SHOP						
100	22 MAIL ROOM-SMHS HO COST						
100	23 ACCOUNTING-SMHS HO COST						
100	24 IS APPLICATIONS-SMHS HO C						
100	25 PRIMARY SOURCE VERIFICATI						
100	26 CMO-DR. GALLAGHER-SMHS HO						
100	27 INFECTION DISEASE-SMHS HO						
100	28 SMHS WARRICK						
100	29 COMPANY 10 AND OTHER						
100	30 STARS PROGRAM						
100	31 EMPLOYEE HEALTH						
100	32 MAT MGMT PURCHASING						
100	33 DECISION SUPPORT						
100	34 PLANETREE						
100	35 EDUCATION						
100	36 QUALITY						
100	37 EMS SECURITY						
100	38 MOTOR SERVICE						
100	39 MEDICAL LIBRARY						
100	40 MGMT PATIENT RELATIONS						
100	41 SUBSIDIARY SUPPORT						
100	42 MISSION SERVICE						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	349,780	101,141	113,738	285,970,611	-450,921	285,519,690

ALLOCATION OF OLD CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
15-0100

I PERIOD:

I FROM 7/ 1/2007

I TO 6/30/2008

I PREPARED 11/24/2008

I WORKSHEET B

I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,313		498			
006 01 NONPATIENT TELEPHONES		5,585					
006 03 PURCHASING, RECEIVING AND		66,305		2,620			
006 05 ADMITTING		70,663		1,593			
006 06 CASHIERING/ACCOUNTS RECEI				344			
006 07 MANAGEMENT SERVICES-MULBE		3,626					
006 08 OTHER ADMINISTRATIVE AND		238,867		65,442			
008 OPERATION OF PLANT		494,002		8,775			
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		51,363		47,309			
010 HOUSEKEEPING		53,226					
010 02 HOUSEKEEPING							
011 DIETARY		67,191		3,699			
012 CAFETERIA		39,021					
014 NURSING ADMINISTRATION		7,834		288			
015 CENTRAL SERVICES & SUPPLY		78,015					
017 MEDICAL RECORDS & LIBRARY		44,910		945			
022 I&R SERVICES-SALARY & FRI		12,410					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		734,443					
026 INTENSIVE CARE UNIT		168,313					
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU		71,490					
027 CORONARY CARE UNIT		25,648					
031 SUBPROVIDER		882					
031 01 SUBPROVIDER 2							
033 NURSERY							
034 SKILLED NURSING FACILITY		1,477					
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		145,897					
038 RECOVERY ROOM		59,597					
039 DELIVERY ROOM & LABOR ROO		110,075					
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		90,075					
041 01 CAT SCAN		11,842					
041 02 DIAGNOSTIC ULTRASOUND		3,222					
041 03 NUCLEAR MEDICINE		13,483					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		57,453					
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING		2,817					
048 INTRAVENOUS THERAPY		2,318					
049 RESPIRATORY THERAPY		11,629					
050 PHYSICAL THERAPY		26,825					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		19,167					
053 01 CARDIAC CATHETERIZATION L		58,457					
053 02 CARDIOPULMONARY		832					
053 03 ELECTROCONVULSIVE THERAPY							
054 ELECTROENCEPHALOGRAPHY		1,531					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		28,501					
057 RENAL DIALYSIS		1,331					
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC							
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC							
060 02 OB-PEDS CLINIC							
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS							
060 05 CHILD HEALTH CTR							
061 EMERGENCY		199,786					
061 01 DIAGNOSTIC TREATMENT CENT		53,681					
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN		4,567					
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		3,140,670		131,513			
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		69,972					
099 NONPAID WORKERS							
100 FITNESS CENTER/DAYCARE							
100 01 ST. MARY'S APOTHECARY		827					
100 02 OCCUPATIONAL MEDICINE							
100 03 CANCER CTR/PHYS RECRUITME							
100 04 MARKETING		14,119					
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB							
100 07 SENIOR PARTNERS							
100 08 PSYCH FREESTANDING CLINIC							
100 09 WELBORN PROFESSIONAL SVC		26,447					
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH		7,053					
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB		4,708					
100 15 FAMILY PRACTICE		66,500					
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE		41,439					
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,371,735		131,513			

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART II

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND
	4	4.01	4.02	4a	5	6.01	6.03
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				2,811	2,811		
006 01 NONPATIENT TELEPHONES				5,585	5	5,590	
006 03 PURCHASING, RECEIVING AND				68,925	12	38	68,975
006 05 ADMITTING				72,256	46	92	118
006 06 CASHIERING/ACCOUNTS RECEI				344	24	206	47
006 07 MANAGEMENT SERVICES-MULBE				3,626	8	45	3
006 08 OTHER ADMINISTRATIVE AND				304,309	216	854	476
008 OPERATION OF PLANT				502,777	86	188	558
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				98,672	18	4	533
010 HOUSEKEEPING				53,226	58	24	376
010 02 HOUSEKEEPING							
011 DIETARY				70,890	22	51	
012 CAFETERIA				39,021	24		
014 NURSING ADMINISTRATION				8,122	66	52	23
015 CENTRAL SERVICES & SUPPLY				78,015	36	24	1,805
017 MEDICAL RECORDS & LIBRARY				45,855	65	329	39
022 I&R SERVICES-SALARY & FRI				12,410	4	38	43
023 I&R SERVICES-OTHER PRGM C					7		
024 PARAMED ED PRGM					2		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				734,443	395	964	1,037
026 INTENSIVE CARE UNIT				168,313	167	167	369
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU				71,490	103	72	200
027 CORONARY CARE UNIT				25,648	28	33	67
031 SUBPROVIDER				882	26	56	26
031 01 SUBPROVIDER 2					58	188	99
033 NURSERY					6		79
034 SKILLED NURSING FACILITY				1,477			
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				145,897	120	154	1,973
038 RECOVERY ROOM				59,597	62	92	81
039 DELIVERY ROOM & LABOR ROO				110,075	48	71	296
040 ANESTHESIOLOGY					1	7	
041 RADIOLOGY-DIAGNOSTIC				90,075	64	185	2,165
041 01 CAT SCAN				11,842	17	11	439
041 02 DIAGNOSTIC ULTRASOUND				3,222	13	7	90
041 03 NUCLEAR MEDICINE				13,483	13	16	1,182
042 RADIOLOGY-THERAPEUTIC						47	102
043 RADIOISOTOPE							
044 LABORATORY				57,453	115	161	3,066
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING				2,817	8		3,766
048 INTRAVENOUS THERAPY				2,318	11	4	2,620
049 RESPIRATORY THERAPY				11,629	64	18	567
050 PHYSICAL THERAPY				26,825	88	63	124
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				19,167	13	76	72
053 01 CARDIAC CATHETERIZATION L				58,457	37	92	2,626
053 02 CARDIOPULMONARY				832	12	36	16
053 03 ELECTROCONVULSIVE THERAPY					9	62	6
054 ELECTROENCEPHALOGRAPHY				1,531	3	13	11
055 MEDICAL SUPPLIES CHARGED							40,651
056 DRUGS CHARGED TO PATIENTS				28,501	87	98	533
057 RENAL DIALYSIS				1,331	36	7	568
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC					13	83	57
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC					1	196	
060 02 OB-PEDS CLINIC						92	
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS					11	54	32
060 05 CHILD HEALTH CTR							
061 EMERGENCY				199,786	149	181	502
061 01 DIAGNOSTIC TREATMENT CENT				53,681	47	91	873
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES					21	14	162

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART II

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND
		4	4.01	4.02	4a	5	6.01	6.03
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN				4,567		4	6
	DURABLE MEDICAL EQUIP-SOL							
	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS				3,272,183	2,545	5,360	68,484
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				69,972	125	58	10
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE							
100	01 ST. MARY'S APOTHECARY				827	1	29	15
100	02 OCCUPATIONAL MEDICINE					13	22	42
100	03 CANCER CTR/PHYS RECRUITME					10		
100	04 MARKETING					3	9	7
100	05 WIRTH HOSPITAL MGMT				14,119	31	60	162
100	06 MOB					1		1
100	07 SENIOR PARTNERS							
100	08 PSYCH FREESTANDING CLINIC						5	26
100	09 WELBORN PROFESSIONAL SVC					2	4	1
100	10 JOSHUA CITY SCHOOL				26,447	67	29	212
100	11 ST. ELIZABETH							
100	12 REGINA CLOSE OUT				7,053			
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB						14	
100	15 FAMILY PRACTICE				4,708			
100	16 OB/PEDS				66,500			
100	17 IDLE AND EXCESS SPACE							
100	18 SMHS EMPLOYEES IN SMMC				41,439	13		15
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				3,503,248	2,811	5,590	68,975

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART II

COST CENTER DESCRIPTION	ADMITTING 6.05	CASHIERING/AC COUNTS RECEI 6.06	MANAGEMENT SE RVICES-MULBE 6.07	OTHER ADMINIS TRATIVE AND 6.08	OPERATION OF PLANT 8	OPERATION OF PLANT 8.02	LAUNDRY & LIN EN SERVICE 9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING	72,512						
006 06 CASHIERING/ACCOUNTS RECEI		621					
006 07 MANAGEMENT SERVICES-MULBE			3,682				
006 08 OTHER ADMINISTRATIVE AND				305,855			
008 OPERATION OF PLANT				14,395	518,004		
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				1,913	6,513		107,653
010 HOUSEKEEPING				4,061	10,673		
010 02 HOUSEKEEPING							
011 DIETARY				1,914	9,254		
012 CAFETERIA				2,052	4,812		
014 NURSING ADMINISTRATION				3,896	966		
015 CENTRAL SERVICES & SUPPLY				2,328	9,620		
017 MEDICAL RECORDS & LIBRARY				4,369	5,967		
022 I&R SERVICES-SALARY & FRI				244	1,530		3,061
023 I&R SERVICES-OTHER PRGM C				108			
024 PARAMED ED PRGM				120			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,514	35		28,329	90,564		35,544
026 INTENSIVE CARE UNIT	1,674	17		11,200	20,755		10,113
026 01 PEDIATRIC ICU							1,282
026 02 NEONATAL ICU	1,747	17		6,473	8,815		2,806
027 CORONARY CARE UNIT	213	2		1,777	3,163		1,342
031 SUBPROVIDER	275	3		1,375	6,593		
031 01 SUBPROVIDER 2	525	5		3,460	19,788		4,610
033 NURSERY	62	1		359			
034 SKILLED NURSING FACILITY				9	182		
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	9,026	89		39,900	17,991		6,502
038 RECOVERY ROOM	1,764	17		4,064	8,977		5,419
039 DELIVERY ROOM & LABOR ROO	373	4		3,626	13,573		4,033
040 ANESTHESIOLOGY	590	6		178			
041 RADIOLOGY-DIAGNOSTIC	3,911	39		9,499	22,103		6,053
041 01 CAT SCAN	4,302	43		3,228	2,908		1,558
041 02 DIAGNOSTIC ULTRASOUND	436	4		1,197	1,043		
041 03 NUCLEAR MEDICINE	1,609	16		2,802	3,941		267
042 RADIOLOGY-THERAPEUTIC	1,497	15		3,303			552
043 RADIOISOTOPE							
044 LABORATORY	5,715	57		11,310	13,656		
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	46			3,762	347		
048 INTRAVENOUS THERAPY	451	4		3,672	286		
049 RESPIRATORY THERAPY	3,093	31		5,032	1,434		
050 PHYSICAL THERAPY	1,790	18		5,883	13,695		1,402
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	456	5		2,667	2,555		555
053 01 CARDIAC CATHETERIZATION L	2,899	29		7,339	10,522		1,713
053 02 CARDIOPULMONARY	32			894	4,293		462
053 03 ELECTROCONVULSIVE THERAPY	65	1		846	2,597		
054 ELECTROENCEPHALOGRAPHY	325	3		1,005	3,784		270
055 MEDICAL SUPPLIES CHARGED	12,732	28		36,300			
056 DRUGS CHARGED TO PATIENTS	6,766	67		25,744	3,515		
057 RENAL DIALYSIS	164	2		2,504	164		
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL				1			
059 01 OUTREACH CLINIC	127	1		782			
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 01 SENIOR HEALTH/FAMILY PRAC	4			69	11,990		339
060 02 OB-PEDS CLINIC				8	4,311		58
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS	24			568			
060 05 CHILD HEALTH CTR							
061 EMERGENCY	5,195	51		9,582	24,636		12,447
061 01 DIAGNOSTIC TREATMENT CENT	652	6		4,013	6,619		2,943
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	458	5		3,165			

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART II

	COST CENTER DESCRIPTION	ADMITTING 6.05	CASHIERING/AC COUNTS RECEI 6.06	MANAGEMENT SE RVICES-MULBE 6.07	OTHER ADMINIS TRATIVE AND 6.08	OPERATION OF PLANT 8	OPERATION OF PLANT 8.02	LAUNDRY & LIN EN SERVICE 9
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN				35	3,898		
	DURABLE MEDICAL EQUIP-SOL							
092	SPEC PURPOSE COST CENTERS							
095	AMBULATORY SURGICAL CENTE							
	SUBTOTALS	72,512	621		281,360	378,033		103,331
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				8,520	15,225		
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE				105	11,608		356
100	01 ST. MARY'S APOTHECARY				782	1,716		
100	02 OCCUPATIONAL MEDICINE				1,093	22,141		1,016
100	03 CANCER CTR/PHYS RECRUITME				217			
100	04 MARKETING				2,768	8,752		
100	05 WIRTH HOSPITAL MGMT				52			
100	06 MOB				3,092			2,853
100	07 SENIOR PARTNERS				84			
100	08 PSYCH FREESTANDING CLINIC				441			
100	09 WELBORN PROFESSIONAL SVC				4,673	6,904		97
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH				43	870		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB				30	581		
100	15 FAMILY PRACTICE				409	40,056		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE			3,682	2,186	32,118		
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	72,512	621	3,682	305,855	518,004		107,653

ALLOCATION OF OLD CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
15-0100I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/24/2008
I WORKSHEET B
I PART II

COST CENTER DESCRIPTION		HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
		10	10.02	11	12	14	15		17
001	GENERAL SERVICE COST CNTR								
001	01 OLD CAP REL COSTS-BLDG &								
002	02 OLD CAP REL COSTS-BLDG &								
003	03 NEW CAP REL COSTS-BLDG &								
003	01 NEW CAP REL COSTS-BLDG &								
003	02 NEW CAP REL COSTS-BLDG &								
004	04 NEW CAP REL COSTS-MVBLE E								
004	01 NEW CAP REL COSTS-MVBLE E								
004	02 NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	03 PURCHASING, RECEIVING AND								
006	05 ADMITTING								
006	06 CASHIERING/ACCOUNTS RECEI								
006	07 MANAGEMENT SERVICES-MULBE								
006	08 OTHER ADMINISTRATIVE AND								
008	OPERATION OF PLANT								
008	02 OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING	68,418							
010	02 HOUSEKEEPING								
011	DIETARY	1,264		83,395					
012	CAFETERIA	657			46,566				
014	NURSING ADMINISTRATION	132			1,630	14,887			
015	CENTRAL SERVICES & SUPPLY	1,314			1,208		94,350		
017	MEDICAL RECORDS & LIBRARY	815			2,049		56		59,544
022	I&R SERVICES-SALARY & FRI	209		21	268		62		
023	I&R SERVICES-OTHER PRGM C								
024	PARAMED ED PRGM				30				
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	12,375		53,269	9,020	8,130	1,504		2,888
026	INTENSIVE CARE UNIT	2,835		10,588	3,358	2,703	536		1,376
026	01 PEDIATRIC ICU					1,061			
026	02 NEONATAL ICU	1,204			1,910		290		1,436
027	CORONARY CARE UNIT	432		951	498	401	97		175
031	SUBPROVIDER	901		2,770	532	317	38		226
031	01 SUBPROVIDER 2	2,703		8,102	1,250	1,058	144		431
033	NURSERY			1,507	139	159	115		51
034	SKILLED NURSING FACILITY	25							
035	NURSING FACILITY								
035	01 ICF/MR								
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	2,458			2,415		2,862		7,417
038	RECOVERY ROOM	1,226		760	1,274		117		1,450
039	DELIVERY ROOM & LABOR ROO	1,854			1,000	1,058	429		307
040	ANESTHESIOLOGY				27				484
041	RADIOLOGY-DIAGNOSTIC	3,019		1	1,489		3,141		3,214
041	01 CAT SCAN	397			357		637		3,535
041	02 DIAGNOSTIC ULTRASOUND	143			227		131		358
041	03 NUCLEAR MEDICINE	538		7	248		1,714		1,322
042	RADIOLOGY-THERAPEUTIC				5		149		1,230
043	RADIOISOTOPE								
044	LABORATORY	1,866		1	2,915		4,448		4,696
045	PBP CLINICAL LAB SERVICES								
047	BLOOD STORING, PROCESSING	47			160		5,463		38
048	INTRAVENOUS THERAPY	39		129	190		3,801		370
049	RESPIRATORY THERAPY	196		4	1,303		823		2,541
050	PHYSICAL THERAPY	1,871		30	1,761		181		1,471
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY	349			337		104		375
053	01 CARDIAC CATHETERIZATION L	1,437		1,096	684		3,810		2,382
053	02 CARDIOPULMONARY	586			257		24		27
053	03 ELECTROCONVULSIVE THERAPY	355		5	186		9		54
054	ELECTROENCEPHALOGRAPHY	517		343	57		15		267
055	MEDICAL SUPPLIES CHARGED						58,973		10,419
056	DRUGS CHARGED TO PATIENTS	480			1,475		773		5,560
057	RENAL DIALYSIS	22			658		824		134
058	ASC (NON-DISTINCT PART)								
059	PSYCHIATRIC/PSYCHOLOGICAL								
059	01 OUTREACH CLINIC				264		82		105
059	02 ACUPUNCTURE								
	OUTPAT SERVICE COST CNTRS								
060	CLINIC								
060	01 SENIOR HEALTH/FAMILY PRAC	1,638			25		1		3
060	02 OB-PEDS CLINIC	589							
060	03 ORTHOPEDIC SVC								
060	04 BARIATRICS				192		46		20
060	05 CHILD HEALTH CTR								
061	EMERGENCY	3,366		2,096	2,943		728		4,270
061	01 DIAGNOSTIC TREATMENT CENT	904		1,715	925		1,266		536
062	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
064	HOME PROGRAM DIALYSIS								
065	AMBULANCE SERVICES				342		235		376

ALLOCATION OF OLD CAPITAL RELATED COSTS

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	COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	MEDICAL RECOR DS & LIBRARY 17
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN	533					9	
	DURABLE MEDICAL EQUIP-SOL							
	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS	49,296		83,395	43,608	14,887	93,637	59,544
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	2,080			600		15	
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE	1,586			27		22	
100	01 ST. MARY'S APOTHECARY	234			223		62	
100	02 OCCUPATIONAL MEDICINE	3,025			39		1	
100	03 CANCER CTR/PHYS RECRUITME				72		10	
100	04 MARKETING	1,196			558		235	
100	05 WIRTH HOSPITAL MGMT				23		1	
100	06 MOB							
100	07 SENIOR PARTNERS						38	
100	08 PSYCH FREESTANDING CLINIC				30		1	
100	09 WELBORN PROFESSIONAL SVC	943			1,115		307	
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH	119						
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB	79						
100	15 FAMILY PRACTICE	5,472						
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE	4,388			271		21	
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	68,418		83,395	46,566	14,887	94,350	59,544

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ALLOCATION OF OLD CAPITAL RELATED COSTS

				SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
				25	26	27
001	GENERAL SERVICE COST CNTR					
001	01 OLD CAP REL COSTS-BLDG &					
002	02 OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
003	01 NEW CAP REL COSTS-BLDG &					
003	02 NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
004	01 NEW CAP REL COSTS-MVBLE E					
004	02 NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	03 PURCHASING, RECEIVING AND					
006	05 ADMITTING					
006	06 CASHIERING/ACCOUNTS RECEI					
006	07 MANAGEMENT SERVICES-MULBE					
006	08 OTHER ADMINISTRATIVE AND					
008	OPERATION OF PLANT					
008	02 OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
010	02 HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
017	MEDICAL RECORDS & LIBRARY					
022	I&R SERVICES-SALARY & FRI	17,890	115	152		
023	I&R SERVICES-OTHER PRGM C					
024	PARAMED ED PRGM					
025	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS			982,011		982,011
026	INTENSIVE CARE UNIT			234,171		234,171
026	01 PEDIATRIC ICU			2,343		2,343
026	02 NEONATAL ICU			96,563		96,563
027	CORONARY CARE UNIT			34,827		34,827
031	SUBPROVIDER			14,020		14,020
031	01 SUBPROVIDER 2			42,421		42,421
033	NURSERY			2,478		2,478
034	SKILLED NURSING FACILITY			1,693		1,693
035	NURSING FACILITY					
035	01 ICF/MR					
037	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			236,804		236,804
038	RECOVERY ROOM			84,900		84,900
039	DELIVERY ROOM & LABOR ROO			136,747		136,747
040	ANESTHESIOLOGY			1,293		1,293
041	RADIOLOGY-DIAGNOSTIC			144,958		144,958
041	01 CAT SCAN			29,274		29,274
041	02 DIAGNOSTIC ULTRASOUND			6,871		6,871
041	03 NUCLEAR MEDICINE			27,158		27,158
042	RADIOLOGY-THERAPEUTIC			6,900		6,900
043	RADIOISOTOPE					
044	LABORATORY			105,459		105,459
045	PBP CLINICAL LAB SERVICES					
047	BLOOD STORING, PROCESSING			16,454		16,454
048	INTRAVENOUS THERAPY			13,895		13,895
049	RESPIRATORY THERAPY			26,735		26,735
050	PHYSICAL THERAPY			55,202		55,202
051	OCCUPATIONAL THERAPY					
052	SPEECH PATHOLOGY					
053	ELECTROCARDIOLOGY			26,731		26,731
053	01 CARDIAC CATHETERIZATION L			93,123		93,123
053	02 CARDIOPULMONARY			7,471		7,471
053	03 ELECTROCONVULSIVE THERAPY			4,195		4,195
054	ELECTROENCEPHALOGRAPHY			8,144		8,144
055	MEDICAL SUPPLIES CHARGED			159,103		159,103
056	DRUGS CHARGED TO PATIENTS			73,599		73,599
057	RENAL DIALYSIS			6,414		6,414
058	ASC (NON-DISTINCT PART)					
059	PSYCHIATRIC/PSYCHOLOGICAL			1		1
059	01 OUTREACH CLINIC			1,514		1,514
059	02 ACUPUNCTURE					
060	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060	01 SENIOR HEALTH/FAMILY PRAC			14,266		14,266
060	02 OB-PEDS CLINIC			5,058		5,058
060	03 ORTHOPEDIC SVC					
060	04 BARIATRICS			947		947
060	05 CHILD HEALTH CTR					
061	EMERGENCY			265,932		265,932
061	01 DIAGNOSTIC TREATMENT CENT			74,271		74,271
062	OBSERVATION BEDS (NON-DIS					
062	OTHER REIMBURS COST CNTRS					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES			4,778		4,778

ALLOCATION OF OLD CAPITAL RELATED COSTS

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				SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
				25	26	27
066	OTHER REIMBURS COST CNTRS					
067	DURABLE MEDICAL EQUIP-REN			9,052		9,052
	DURABLE MEDICAL EQUIP-SOL					
	SPEC PURPOSE COST CENTERS					
092	AMBULATORY SURGICAL CENTE					
095	SUBTOTALS			3,057,776		3,057,776
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP					
097	RESEARCH					
098	PHYSICIANS' PRIVATE OFFIC			96,605		96,605
099	NONPAID WORKERS					
100	FITNESS CENTER/DAYCARE			13,749		13,749
100	01 ST. MARY'S APOTHECARY			3,921		3,921
100	02 OCCUPATIONAL MEDICINE			27,325		27,325
100	03 CANCER CTR/PHYS RECRUITME			318		318
100	04 MARKETING			27,881		27,881
100	05 WIRTH HOSPITAL MGMT			78		78
100	06 MOB			5,945		5,945
100	07 SENIOR PARTNERS			153		153
100	08 PSYCH FREESTANDING CLINIC			479		479
100	09 WELBORN PROFESSIONAL SVC			40,794		40,794
100	10 JOSHUA CITY SCHOOL					
100	11 ST. ELIZABETH			8,085		8,085
100	12 REGINA CLOSE OUT					
100	13 TR SUP/DR T					
100	14 FREE STANDING CATH LAB			5,412		5,412
100	15 FAMILY PRACTICE			112,437		112,437
100	16 OB/PEDS					
100	17 IDLE AND EXCESS SPACE			84,133		84,133
100	18 SMHS EMPLOYEES IN SMMC					
100	19 SMMC DEPTS TO SMHS					
100	20 STOREROOM / DISTRIBUTION					
100	21 PRINT SHOP					
100	22 MAIL ROOM-SMHS HO COST					
100	23 ACCOUNTING-SMHS HO COST					
100	24 IS APPLICATIONS-SMHS HO C					
100	25 PRIMARY SOURCE VERIFICATI					
100	26 CMO-DR. GALLAGHER-SMHS HO					
100	27 INFECTION DISEASE-SMHS HO					
100	28 SMHS WARRICK					
100	29 COMPANY 10 AND OTHER					
100	30 STARS PROGRAM					
100	31 EMPLOYEE HEALTH					
100	32 MAT MGMT PURCHASING					
100	33 DECISION SUPPORT					
100	34 PLANETREE					
100	35 EDUCATION					
100	36 QUALITY					
100	37 EMS SECURITY					
100	38 MOTOR SERVICE					
100	39 MEDICAL LIBRARY					
100	40 MGMT PATIENT RELATIONS					
100	41 SUBSIDIARY SUPPORT					
100	42 MISSION SERVICE					
101	CROSS FOOT ADJUSTMENTS	17,890	115	152	18,157	18,157
102	NEGATIVE COST CENTER					
103	TOTAL	17,890	115	152	3,503,248	3,503,248

ALLOCATION OF OLD CAPITAL RELATED COSTS

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COST CENTER
DESCRIPTION

001 GENERAL SERVICE COST CNTR
001 01 OLD CAP REL COSTS-BLDG &
002 OLD CAP REL COSTS-MVBLE E
003 NEW CAP REL COSTS-BLDG &
003 01 NEW CAP REL COSTS-BLDG &
003 02 NEW CAP REL COSTS-BLDG &
004 NEW CAP REL COSTS-MVBLE E
004 01 NEW CAP REL COSTS-MVBLE E
004 02 NEW CAP REL COSTS-MVBLE E
005 EMPLOYEE BENEFITS
006 01 NONPATIENT TELEPHONES
006 03 PURCHASING, RECEIVING AND
006 05 ADMITTING
006 06 CASHIERING/ACCOUNTS RECEI
006 07 MANAGEMENT SERVICES-MULBE
006 08 OTHER ADMINISTRATIVE AND
008 OPERATION OF PLANT
008 02 OPERATION OF PLANT
009 LAUNDRY & LINEN SERVICE
010 HOUSEKEEPING
010 02 HOUSEKEEPING
011 DIETARY
012 CAFETERIA
014 NURSING ADMINISTRATION
015 CENTRAL SERVICES & SUPPLY
017 MEDICAL RECORDS & LIBRARY
022 I&R SERVICES-SALARY & FRI
023 I&R SERVICES-OTHER PRGM C
024 PARAMED ED PRGM
025 INPAT ROUTINE SRVC CNTRS
026 ADULTS & PEDIATRICS
026 INTENSIVE CARE UNIT
026 01 PEDIATRIC ICU
026 02 NEONATAL ICU
027 CORONARY CARE UNIT
031 SUBPROVIDER
031 01 SUBPROVIDER 2
033 NURSERY
034 SKILLED NURSING FACILITY
035 NURSING FACILITY
035 01 ICF/MR
037 ANCILLARY SRVC COST CNTRS
038 OPERATING ROOM
039 RECOVERY ROOM
040 DELIVERY ROOM & LABOR ROO
041 ANESTHESIOLOGY
041 RADIOLOGY-DIAGNOSTIC
041 01 CAT SCAN
041 02 DIAGNOSTIC ULTRASOUND
041 03 NUCLEAR MEDICINE
042 RADIOLOGY-THERAPEUTIC
043 RADIOISOTOPE
044 LABORATORY
045 PBP CLINICAL LAB SERVICES
047 BLOOD STORING, PROCESSING
048 INTRAVENOUS THERAPY
049 RESPIRATORY THERAPY
050 PHYSICAL THERAPY
051 OCCUPATIONAL THERAPY
052 SPEECH PATHOLOGY
053 ELECTROCARDIOLOGY
053 01 CARDIAC CATHETERIZATION L
053 02 CARDIOPULMONARY
053 03 ELECTROCONVULSIVE THERAPY
054 ELECTROENCEPHALOGRAPHY
055 MEDICAL SUPPLIES CHARGED
056 DRUGS CHARGED TO PATIENTS
057 RENAL DIALYSIS
058 ASC (NON-DISTINCT PART)
059 PSYCHIATRIC/PSYCHOLOGICAL
059 01 OUTREACH CLINIC
059 02 ACUPUNCTURE
060 OUTPAT SERVICE COST CNTRS
060 CLINIC
060 01 SENIOR HEALTH/FAMILY PRAC
060 02 OB-PEDS CLINIC
060 03 ORTHOPEDIC SVC
060 04 BARIATRICS
060 05 CHILD HEALTH CTR
061 EMERGENCY
061 01 DIAGNOSTIC TREATMENT CENT
062 OBSERVATION BEDS (NON-DIS
062 OTHER REIMBURS COST CNTRS
064 HOME PROGRAM DIALYSIS
065 AMBULANCE SERVICES

ALLOCATION OF OLD CAPITAL RELATED COSTS

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15-0100

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I PART IICOST CENTER
DESCRIPTION

066 OTHER REIMBURS COST CNTRS
 067 DURABLE MEDICAL EQUIP-REN
 DURABLE MEDICAL EQUIP-SOL
 SPEC PURPOSE COST CENTERS
 092 AMBULATORY SURGICAL CENTE
 095 SUBTOTALS
 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 097 RESEARCH
 098 PHYSICIANS' PRIVATE OFFIC
 099 NONPAID WORKERS
 100 FITNESS CENTER/DAYCARE
 100 01 ST. MARY'S APOTHECARY
 100 02 OCCUPATIONAL MEDICINE
 100 03 CANCER CTR/PHYS RECRUITME
 100 04 MARKETING
 100 05 WIRTH HOSPITAL MGMT
 100 06 MOB
 100 07 SENIOR PARTNERS
 100 08 PSYCH FREESTANDING CLINIC
 100 09 WELBORN PROFESSIONAL SVC
 100 10 JOSHUA CITY SCHOOL
 100 11 ST. ELIZABETH
 100 12 REGINA CLOSE OUT
 100 13 TR SUP/DR T
 100 14 FREE STANDING CATH LAB
 100 15 FAMILY PRACTICE
 100 16 OB/PEDS
 100 17 IDLE AND EXCESS SPACE
 100 18 SMHS EMPLOYEES IN SMMC
 100 19 SMMC DEPTS TO SMHS
 100 20 STOREROOM / DISTRIBUTION
 100 21 PRINT SHOP
 100 22 MAIL ROOM-SMHS HO COST
 100 23 ACCOUNTING-SMHS HO COST
 100 24 IS APPLICATIONS-SMHS HO C
 100 25 PRIMARY SOURCE VERIFICATI
 100 26 CMO-DR. GALLAGHER-SMHS HO
 100 27 INFECTION DISEASE-SMHS HO
 100 28 SMHS WARRICK
 100 29 COMPANY 10 AND OTHER
 100 30 STARS PROGRAM
 100 31 EMPLOYEE HEALTH
 100 32 MAT MGMT PURCHASING
 100 33 DECISION SUPPORT
 100 34 PLANETREE
 100 35 EDUCATION
 100 36 QUALITY
 100 37 EMS SECURITY
 100 38 MOTOR SERVICE
 100 39 MEDICAL LIBRARY
 100 40 MGMT PATIENT RELATIONS
 100 41 SUBSIDIARY SUPPORT
 100 42 MISSION SERVICE
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					8,135	5,524	
006 01 NONPATIENT TELEPHONES					19,643		
006 03 PURCHASING, RECEIVING AND					233,201		
006 05 ADMITTING					248,528		
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 MANAGEMENT SERVICES-MULBE					12,754		
006 08 OTHER ADMINISTRATIVE AND					840,122	22,828	
008 OPERATION OF PLANT					1,737,461	3,418	
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE					180,651		
010 HOUSEKEEPING					187,203	151	
010 02 HOUSEKEEPING							
011 DIETARY					236,318	1,722	
012 CAFETERIA					137,242		
014 NURSING ADMINISTRATION					27,554		
015 CENTRAL SERVICES & SUPPLY					274,388		
017 MEDICAL RECORDS & LIBRARY					157,955	763	
022 I&R SERVICES-SALARY & FRI					43,648		
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					2,583,128		
026 INTENSIVE CARE UNIT					591,977		
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU					251,437		
027 CORONARY CARE UNIT					90,205		
031 SUBPROVIDER					3,101		
031 01 SUBPROVIDER 2							
033 NURSERY							
034 SKILLED NURSING FACILITY					5,194		
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					513,135		
038 RECOVERY ROOM					209,611		
039 DELIVERY ROOM & LABOR ROO					387,145		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					316,806		
041 01 CAT SCAN					41,650		
041 02 DIAGNOSTIC ULTRASOUND					11,332		
041 03 NUCLEAR MEDICINE					47,420		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					202,067		
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING					9,909		
048 INTRAVENOUS THERAPY					8,151		
049 RESPIRATORY THERAPY					40,899		
050 PHYSICAL THERAPY					94,345		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					67,414		
053 01 CARDIAC CATHETERIZATION L					205,599		
053 02 CARDIOPULMONARY					2,925		
053 03 ELECTROCONVULSIVE THERAPY							
054 ELECTROENCEPHALOGRAPHY					5,386		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					100,242		
057 RENAL DIALYSIS					4,683		
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC							
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC							
060 02 OB-PEDS CLINIC							
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS							
060 05 CHILD HEALTH CTR							
061 EMERGENCY					702,672		
061 01 DIAGNOSTIC TREATMENT CENT					188,802		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

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	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN					16,062	4,778	
	DURABLE MEDICAL EQUIP-SOL							
092	SPEC PURPOSE COST CENTERS							
095	AMBULATORY SURGICAL CENTE							
	SUBTOTALS					11,046,100	39,184	
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC					246,099		
100	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE						11,027	
100	01 ST. MARY'S APOTHECARY					2,909		
100	02 OCCUPATIONAL MEDICINE						39,381	
100	03 CANCER CTR/PHYS RECRUITME							
100	04 MARKETING					49,658		
100	05 WIRTH HOSPITAL MGMT							
100	06 MOB							
100	07 SENIOR PARTNERS							
100	08 PSYCH FREESTANDING CLINIC							
100	09 WELBORN PROFESSIONAL SVC					93,018		
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH					24,805		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB					16,558		
100	15 FAMILY PRACTICE					233,888		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE					145,745		
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL					11,858,780	89,592	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0100 I PERIOD: FROM 7/ 1/2007 TO 6/30/2008 I PREPARED 11/24/2008 I WORKSHEET B PART III

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND
		4	4.01	4.02	4a	5	6.01	6.03
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	3,214			16,873	16,873		
006	01 NONPATIENT TELEPHONES	62,630			82,273	28	82,301	
006	03 PURCHASING, RECEIVING AND	15,661			248,862	71	560	249,493
006	05 ADMITTING	5,993			254,521	277	1,359	428
006	06 CASHIERING/ACCOUNTS RECEI	8,835			8,835	146	3,038	169
006	07 MANAGEMENT SERVICES-MULBE	837			13,591	49	666	13
006	08 OTHER ADMINISTRATIVE AND	3,319,132			4,182,082	1,306	12,580	1,721
008	OPERATION OF PLANT	55,366			1,796,245	520	2,772	2,017
008	02 OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	25,352			206,003	109	53	1,929
010	HOUSEKEEPING	7,315			194,669	351	346	1,360
010	02 HOUSEKEEPING							
011	DIETARY	92,432			330,472	132	746	
012	CAFETERIA	2,528			139,770	143		
014	NURSING ADMINISTRATION	152,447			180,001	397	773	84
015	CENTRAL SERVICES & SUPPLY	111,403			385,791	218	346	6,529
017	MEDICAL RECORDS & LIBRARY	41,988			200,706	395	4,851	140
022	I&R SERVICES-SALARY & FRI	2,177			45,825	21	560	154
023	I&R SERVICES-OTHER PRGM C					44		
024	PARAMED ED PRGM					14		
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	473,410			3,056,538	2,282	14,181	3,749
026	INTENSIVE CARE UNIT	152,979			744,956	1,011	2,452	1,337
026	01 PEDIATRIC ICU							
026	02 NEONATAL ICU	100,909			352,346	625	1,066	724
027	CORONARY CARE UNIT	36,040			126,245	168	480	242
031	SUBPROVIDER	2,168			5,269	158	826	95
031	01 SUBPROVIDER 2	32,113			32,113	351	2,772	359
033	NURSERY					37		286
034	SKILLED NURSING FACILITY				5,194			
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,604,360			2,117,495	724	2,265	7,136
038	RECOVERY ROOM	9,436			219,047	374	1,359	291
039	DELIVERY ROOM & LABOR ROO	30,152			417,297	293	1,039	1,069
040	ANESTHESIOLOGY	15,989			15,989	6	107	1
041	RADIOLOGY-DIAGNOSTIC	1,173,834			1,490,640	389	2,718	7,831
041	01 CAT SCAN	1,282,493			1,324,143	105	160	1,587
041	02 DIAGNOSTIC ULTRASOUND	149,757			161,089	76	107	327
041	03 NUCLEAR MEDICINE	318,256			365,676	77	240	4,274
042	RADIOLOGY-THERAPEUTIC	588,189			588,189	1	693	371
043	RADIOISOTOPE							
044	LABORATORY	300,210			502,277	696	2,372	11,092
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	37,968			47,877	51		13,622
048	INTRAVENOUS THERAPY	21,048			29,199	64	53	9,477
049	RESPIRATORY THERAPY	139,316			180,215	388	267	2,052
050	PHYSICAL THERAPY	42,586			136,931	532	933	450
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	68,253			135,667	76	1,119	260
053	01 CARDIAC CATHETERIZATION L	1,117,302			1,322,901	224	1,359	9,499
053	02 CARDIOPULMONARY	22,349			25,274	72	533	60
053	03 ELECTROCONVULSIVE THERAPY	1,408			1,408	52	906	23
054	ELECTROENCEPHALOGRAPHY	32,858			38,244	16	187	38
055	MEDICAL SUPPLIES CHARGED							147,040
056	DRUGS CHARGED TO PATIENTS	58,887			159,129	525	1,439	1,926
057	RENAL DIALYSIS	20,368			25,051	218	107	2,054
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL	811			811			
059	01 OUTREACH CLINIC	1,078			1,078	75	1,226	205
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC	27,647			27,647	8	2,878	2
060	02 OB-PEDS CLINIC						1,359	
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS	13,927			13,927	64	800	114
060	05 CHILD HEALTH CTR							
061	EMERGENCY	104,711			807,383	902	2,665	1,816
061	01 DIAGNOSTIC TREATMENT CENT	157,338			346,140	285	1,333	3,156
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	18,783			18,783	124	213	586

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0100 I PERIOD: FROM 7/ 1/2007 TO 6/30/2008 I PREPARED 11/24/2008 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT LEPHONES	TE PURCHASING, R ECEIVING AND
		4	4.01	4.02	4a	5	6.01	6.03
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN	99			20,939		53	22
092	DURABLE MEDICAL EQUIP-SOL							
095	SPEC PURPOSE COST CENTERS							
	AMBULATORY SURGICAL CENTE							
	SUBTOTALS	12,064,342			23,149,626	15,270	78,917	247,717
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC	3,885			249,984	757	853	38
100	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE	8,015			19,042	7	426	55
100	01 ST. MARY'S APOTHECARY	7,445			10,354	76	320	153
100	02 OCCUPATIONAL MEDICINE	54			39,435	61		1
100	03 CANCER CTR/PHYS RECRUITME	358			358	17	133	25
100	04 MARKETING	15,428			65,086	189	880	586
100	05 WIRTH HOSPITAL MGMT					5		2
100	06 MOB	183,323			183,323			
100	07 SENIOR PARTNERS	2,511			2,511		80	94
100	08 PSYCH FREESTANDING CLINIC					13	53	3
100	09 WELBORN PROFESSIONAL SVC	24,996			118,014	402	426	766
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH				24,805			
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB	117			16,675		213	
100	15 FAMILY PRACTICE				233,888			
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE	532			146,277	76		53
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	12,311,006			24,259,378	16,873	82,301	249,493

		ADMITTING	CASHIERING/AC	MANAGEMENT SE	OTHER ADMINIS	OPERATION OF	OPERATION OF	LAUNDRY & LIN
	COST CENTER		COUNTS RECEI	RVICES-MULBE	TRATIVE AND	PLANT	PLANT	EN SERVICE
	DESCRIPTION	6.05	6.06	6.07	6.08	8	8.02	9
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	03 PURCHASING, RECEIVING AND							
006	05 ADMITTING	256,585						
006	06 CASHIERING/ACCOUNTS RECEI		12,188					
006	07 MANAGEMENT SERVICES-MULBE			14,319				
006	08 OTHER ADMINISTRATIVE AND				4,197,689			
008	OPERATION OF PLANT				197,534	1,999,088		
008	02 OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE				26,246	25,135		259,475
010	HOUSEKEEPING				55,722	41,189		
010	02 HOUSEKEEPING							
011	DIETARY				26,260	35,712		
012	CAFETERIA				28,154	18,570		
014	NURSING ADMINISTRATION				53,459	3,728		
015	CENTRAL SERVICES & SUPPLY				31,952	37,126		
017	MEDICAL RECORDS & LIBRARY				59,959	23,029		
022	I&R SERVICES-SALARY & FRI				3,343	5,906		7,377
023	I&R SERVICES-OTHER PRGM C				1,485			
024	PARAMED ED PRGM				1,649			
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	12,420	591		388,746	349,508		85,672
026	INTENSIVE CARE UNIT	5,918	282		153,693	80,098		24,374
026	01 PEDIATRIC ICU							3,090
026	02 NEONATAL ICU	6,177	294		88,822	34,021		6,762
027	CORONARY CARE UNIT	754	36		24,380	12,205		3,236
031	SUBPROVIDER	971	46		18,869	25,444		
031	01 SUBPROVIDER 2	1,855	88		47,482	76,367		11,110
033	NURSERY	218	10		4,927			
034	SKILLED NURSING FACILITY				125	703		
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	31,904	1,519		548,122	69,430		15,672
038	RECOVERY ROOM	6,237	297		55,763	34,646		13,062
039	DELIVERY ROOM & LABOR ROO	1,319	63		49,755	52,383		9,721
040	ANESTHESIOLOGY	2,084	99		2,439			
041	RADIOLOGY-DIAGNOSTIC	13,823	658		130,346	85,298		14,589
041	01 CAT SCAN	15,205	724		44,296	11,221		3,755
041	02 DIAGNOSTIC ULTRASOUND	1,542	73		16,427	4,027		
041	03 NUCLEAR MEDICINE	5,686	271		38,447	15,209		643
042	RADIOLOGY-THERAPEUTIC	5,292	252		45,320			1,331
043	RADIOISOTOPE							
044	LABORATORY	20,200	962		155,199	52,701		
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	162	8		51,628	1,341		
048	INTRAVENOUS THERAPY	1,593	76		50,394	1,103		
049	RESPIRATORY THERAPY	10,931	521		69,057	5,534		
050	PHYSICAL THERAPY	6,327	301		80,736	52,852		3,379
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	1,612	77		36,603	9,861		1,338
053	01 CARDIAC CATHETERIZATION L	10,247	488		100,713	40,608		4,130
053	02 CARDIOPULMONARY	115	5		12,266	16,567		1,112
053	03 ELECTROCONVULSIVE THERAPY	231	11		11,603	10,021		
054	ELECTROENCEPHALOGRAPHY	1,149	55		13,785	14,603		650
055	MEDICAL SUPPLIES CHARGED	45,280	2,127		498,127			
056	DRUGS CHARGED TO PATIENTS	23,915	1,139		353,272	13,563		
057	RENAL DIALYSIS	578	28		34,364	634		
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL				15			
059	01 OUTREACH CLINIC	450	21		10,725			
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC	14	1		942	46,274		818
060	02 OB-PEDS CLINIC	1			115	16,638		139
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS	86	4		7,800			
060	05 CHILD HEALTH CTR							
061	EMERGENCY	18,364	874		131,489	95,075		30,001
061	01 DIAGNOSTIC TREATMENT CENT	2,306	110		55,070	25,546		7,094
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	1,619	77		43,432			

	COST CENTER DESCRIPTION	ADMITTING 6.05	CASHIERING/AC COUNTS RECEI 6.06	MANAGEMENT SE RVICES-MULBE 6.07	OTHER ADMINIS TRATIVE AND 6.08	OPERATION OF PLANT 8	OPERATION OF PLANT 8.02	LAUNDRY & LIN EN SERVICE 9
066	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-REN				483	15,045		
092	DURABLE MEDICAL EQUIP-SOL							
095	SPEC PURPOSE COST CENTERS							
096	AMBULATORY SURGICAL CENTE							
097	SUBTOTALS	256,585	12,188		3,861,540	1,458,921		249,055
098	NONREIMBURS COST CENTERS							
099	GIFT, FLOWER, COFFEE SHOP							
100	RESEARCH							
100	PHYSICIANS' PRIVATE OFFIC				116,917	58,756		
100	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE				1,445	44,797		859
100	01 ST. MARY'S APOTHECARY				10,728	6,622		
100	02 OCCUPATIONAL MEDICINE				14,995	85,448		2,450
100	03 CANCER CTR/PHYS RECRUITME				2,977			
100	04 MARKETING				37,989	33,774		
100	05 WIRTH HOSPITAL MGMT				709			
100	06 MOB				42,431			6,877
100	07 SENIOR PARTNERS				1,154			
100	08 PSYCH FREESTANDING CLINIC				6,053			
100	09 WELBORN PROFESSIONAL SVC				64,124	26,642		234
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH				595	3,356		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB				418	2,240		
100	15 FAMILY PRACTICE				5,614	154,583		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE			14,319	30,000	123,949		
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	256,585	12,188	14,319	4,197,689	1,999,088		259,475

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0100 I PERIOD: FROM 7/ 1/2007 TO 6/30/2008 I PREPARED 11/24/2008 I WORKSHEET B I PART III

COST CENTER DESCRIPTION	HOUSEKEEPING		HOUSEKEEPING		DIETARY		CAFETERIA		NURSING ADMIN ISTRATION		CENTRAL SERVI CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	
	10	10.02	11		12		14		15		17			
001 GENERAL SERVICE COST CNTR														
001 01 OLD CAP REL COSTS-BLDG &														
002 02 OLD CAP REL COSTS-MVBLE E														
003 01 NEW CAP REL COSTS-BLDG &														
003 02 NEW CAP REL COSTS-BLDG &														
004 01 NEW CAP REL COSTS-MVBLE E														
004 02 NEW CAP REL COSTS-MVBLE E														
005 EMPLOYEE BENEFITS														
006 01 NONPATIENT TELEPHONES														
006 03 PURCHASING, RECEIVING AND														
006 05 ADMITTING														
006 06 CASHIERING/ACCOUNTS RECEI														
006 07 MANAGEMENT SERVICES-MULBE														
006 08 OTHER ADMINISTRATIVE AND														
008 OPERATION OF PLANT														
008 02 OPERATION OF PLANT														
009 LAUNDRY & LINEN SERVICE														
010 HOUSEKEEPING	293,637													
010 02 HOUSEKEEPING														
011 DIETARY	5,426		398,748											
012 CAFETERIA	2,821				189,458									
014 NURSING ADMINISTRATION	566				6,633		245,641							
015 CENTRAL SERVICES & SUPPLY	5,640				4,914				472,516					
017 MEDICAL RECORDS & LIBRARY	3,499				8,336				280				301,195	
022 I&R SERVICES-SALARY & FRI	897		100		1,092				310					
023 I&R SERVICES-OTHER PRGM C														
024 PARAMED ED PRGM					124									
025 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	53,097		254,712		36,689		134,143		7,531		14,577			
026 INTENSIVE CARE UNIT	12,169		50,626		13,661		44,599		2,684		6,946			
026 01 PEDIATRIC ICU							17,507							
026 02 NEONATAL ICU	5,169				7,772				1,453		7,249			
027 CORONARY CARE UNIT	1,854		4,546		2,027		6,622		487		884			
031 SUBPROVIDER	3,866		13,243		2,165		5,237		190		1,139			
031 01 SUBPROVIDER 2	11,602		38,739		5,085		17,457		722		2,177			
033 NURSERY			7,205		565		2,619		574		256			
034 SKILLED NURSING FACILITY	107													
035 NURSING FACILITY														
035 01 ICF/MR														
037 ANCILLARY SRVC COST CNTRS														
038 OPERATING ROOM	10,548				9,827				14,333		37,445			
038 RECOVERY ROOM	5,264		3,633		5,184				585		7,320			
039 DELIVERY ROOM & LABOR ROO	7,958				4,069		17,457		2,147		1,548			
040 ANESTHESIOLOGY					110				2		2,446			
041 RADIOLOGY-DIAGNOSTIC	12,959		4		6,060				15,728		16,224			
041 01 CAT SCAN	1,705				1,454				3,188		17,846			
041 02 DIAGNOSTIC ULTRASOUND	612				924				656		1,809			
041 03 NUCLEAR MEDICINE	2,311		32		1,009				8,585		6,673			
042 RADIOLOGY-THERAPEUTIC					19				744		6,211			
043 RADIOISOTOPE														
044 LABORATORY	8,007		7		11,860				22,278		23,708			
045 PBP CLINICAL LAB SERVICES														
047 BLOOD STORING, PROCESSING	204				649				27,360		190			
048 INTRAVENOUS THERAPY	168		618		774				19,035		1,869			
049 RESPIRATORY THERAPY	841		17		5,300				4,121		12,829			
050 PHYSICAL THERAPY	8,030		143		7,166				904		7,426			
051 OCCUPATIONAL THERAPY														
052 SPEECH PATHOLOGY														
053 ELECTROCARDIOLOGY	1,498				1,370				521		1,892			
053 01 CARDIAC CATHETERIZATION L	6,169		5,241		2,782				19,080		12,027			
053 02 CARDIOPULMONARY	2,517				1,046				120		134			
053 03 ELECTROCONVULSIVE THERAPY	1,522		24		758				47		271			
054 ELECTROENCEPHALOGRAPHY	2,219		1,640		231				77		1,348			
055 MEDICAL SUPPLIES CHARGED									295,355		53,200			
056 DRUGS CHARGED TO PATIENTS	2,061				6,002				3,869		28,068			
057 RENAL DIALYSIS	96				2,675				4,125		679			
058 ASC (NON-DISTINCT PART)														
059 PSYCHIATRIC/PSYCHOLOGICAL														
059 01 OUTREACH CLINIC					1,073				413		528			
059 02 ACUPUNCTURE														
060 OUTPAT SERVICE COST CNTRS														
060 CLINIC														
060 01 SENIOR HEALTH/FAMILY PRAC	7,030				101				3		16			
060 02 OB-PEDS CLINIC	2,528										1			
060 03 ORTHOPEDIC SVC														
060 04 BARIATRICS					779				229		100			
060 05 CHILD HEALTH CTR														
061 EMERGENCY	14,444		10,020		11,974				3,648		21,553			
061 01 DIAGNOSTIC TREATMENT CENT	3,881		8,198		3,763				6,340		2,706			
062 OBSERVATION BEDS (NON-DIS														
062 OTHER REIMBURS COST CNTRS														
064 HOME PROGRAM DIALYSIS														
065 AMBULANCE SERVICES					1,391				1,178		1,900			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	MEDICAL RECOR DS & LIBRARY 17
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN	2,286					44	
DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	211,571		398,748	177,413	245,641	468,946	301,195
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	8,927			2,443		76	
099 NONPAID WORKERS							
100 FITNESS CENTER/DAYCARE	6,806			109		111	
100 01 ST. MARY'S APOTHECARY	1,006			907		308	
100 02 OCCUPATIONAL MEDICINE	12,982			160		3	
100 03 CANCER CTR/PHYS RECRUITME				294		51	
100 04 MARKETING	5,131			2,272		1,177	
100 05 WIRTH HOSPITAL MGMT				96		5	
100 06 MOB							
100 07 SENIOR PARTNERS						189	
100 08 PSYCH FREESTANDING CLINIC				124		5	
100 09 WELBORN PROFESSIONAL SVC	4,048			4,538		1,539	
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH	510						
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	340			1			
100 15 FAMILY PRACTICE	23,485						
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE	18,831			1,101		106	
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	293,637		398,748	189,458	245,641	472,516	301,195

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
15-0100

I PERIOD:

I FROM 7/ 1/2007

I TO 6/30/2008

I PREPARED 11/24/2008

I WORKSHEET B

I PART III

I&R SERVICES- I&R SERVICES- PARAMED ED PR
SALARY & FRI OTHER PRGM C GM

SUBTOTAL

POST
STEPDOWN
ADJUSTMENT
26

TOTAL

22

23

24

25

27

001	GENERAL SERVICE COST CNTR					
001	01 OLD CAP REL COSTS-BLDG &					
002	02 OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
003	01 NEW CAP REL COSTS-BLDG &					
003	02 NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
004	01 NEW CAP REL COSTS-MVBLE E					
004	02 NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	03 PURCHASING, RECEIVING AND					
006	05 ADMITTING					
006	06 CASHIERING/ACCOUNTS RECEI					
006	07 MANAGEMENT SERVICES-MULBE					
006	08 OTHER ADMINISTRATIVE AND					
008	OPERATION OF PLANT					
008	02 OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
010	02 HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
017	MEDICAL RECORDS & LIBRARY					
022	I&R SERVICES-SALARY & FRI	65,585				
023	I&R SERVICES-OTHER PRGM C		1,529			
024	PARAMED ED PRGM			1,787		
025	INPAT ROUTINE SRVC CNTRS					
026	ADULTS & PEDIATRICS			4,414,436		4,414,436
026	INTENSIVE CARE UNIT			1,144,806		1,144,806
026	01 PEDIATRIC ICU			20,597		20,597
026	02 NEONATAL ICU			512,480		512,480
027	CORONARY CARE UNIT			184,166		184,166
031	SUBPROVIDER			77,518		77,518
031	01 SUBPROVIDER 2			248,279		248,279
033	NURSERY			16,697		16,697
034	SKILLED NURSING FACILITY			6,129		6,129
035	NURSING FACILITY					
035	01 ICF/MR					
037	ANCILLARY SRVC COST CNTRS					
038	OPERATING ROOM			2,866,420		2,866,420
038	RECOVERY ROOM			353,062		353,062
039	DELIVERY ROOM & LABOR ROO			566,118		566,118
040	ANESTHESIOLOGY			23,283		23,283
041	RADIOLOGY-DIAGNOSTIC			1,797,267		1,797,267
041	01 CAT SCAN			1,425,389		1,425,389
041	02 DIAGNOSTIC ULTRASOUND			187,669		187,669
041	03 NUCLEAR MEDICINE			449,133		449,133
042	RADIOLOGY-THERAPEUTIC			648,423		648,423
043	RADIOISOTOPE					
044	LABORATORY			811,359		811,359
045	PBP CLINICAL LAB SERVICES					
047	BLOOD STORING, PROCESSING			143,092		143,092
048	INTRAVENOUS THERAPY			114,423		114,423
049	RESPIRATORY THERAPY			292,073		292,073
050	PHYSICAL THERAPY			306,110		306,110
051	OCCUPATIONAL THERAPY					
052	SPEECH PATHOLOGY					
053	ELECTROCARDIOLOGY			191,894		191,894
053	01 CARDIAC CATHETERIZATION L			1,535,468		1,535,468
053	02 CARDIOPULMONARY			59,821		59,821
053	03 ELECTROCONVULSIVE THERAPY			26,877		26,877
054	ELECTROENCEPHALOGRAPHY			74,242		74,242
055	MEDICAL SUPPLIES CHARGED			1,041,129		1,041,129
056	DRUGS CHARGED TO PATIENTS			594,908		594,908
057	RENAL DIALYSIS			70,609		70,609
058	ASC (NON-DISTINCT PART)					
059	PSYCHIATRIC/PSYCHOLOGICAL			826		826
059	01 OUTREACH CLINIC			15,794		15,794
059	02 ACUPUNCTURE					
060	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060	01 SENIOR HEALTH/FAMILY PRAC			85,734		85,734
060	02 OB-PEDS CLINIC			20,781		20,781
060	03 ORTHOPEDIC SVC					
060	04 BARIATRICS			23,903		23,903
060	05 CHILD HEALTH CTR					
061	EMERGENCY			1,150,208		1,150,208
061	01 DIAGNOSTIC TREATMENT CENT			465,928		465,928
062	OBSERVATION BEDS (NON-DIS					
062	OTHER REIMBURS COST CNTRS					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES			69,303		69,303

ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET B
I		I	TO 6/30/2008	I	PART III

COST CENTER
DESCRIPTION

001 GENERAL SERVICE COST CNTR
001 01 OLD CAP REL COSTS-BLDG &
002 OLD CAP REL COSTS-MVBLE E
003 NEW CAP REL COSTS-BLDG &
003 01 NEW CAP REL COSTS-BLDG &
003 02 NEW CAP REL COSTS-BLDG &
004 NEW CAP REL COSTS-MVBLE E
004 01 NEW CAP REL COSTS-MVBLE E
004 02 NEW CAP REL COSTS-MVBLE E
005 EMPLOYEE BENEFITS
006 01 NONPATIENT TELEPHONES
006 03 PURCHASING, RECEIVING AND
006 05 ADMITTING
006 06 CASHIERING/ACCOUNTS RECEI
006 07 MANAGEMENT SERVICES-MULBE
006 08 OTHER ADMINISTRATIVE AND
008 OPERATION OF PLANT
008 02 OPERATION OF PLANT
009 LAUNDRY & LINEN SERVICE
010 HOUSEKEEPING
010 02 HOUSEKEEPING
011 DIETARY
012 CAFETERIA
014 NURSING ADMINISTRATION
015 CENTRAL SERVICES & SUPPLY
017 MEDICAL RECORDS & LIBRARY
022 I&R SERVICES-SALARY & FRI
023 I&R SERVICES-OTHER PRGM C
024 PARAMED ED PRGM
INPAT ROUTINE SRVC CNTRS
025 ADULTS & PEDIATRICS
026 INTENSIVE CARE UNIT
026 01 PEDIATRIC ICU
026 02 NEONATAL ICU
027 CORONARY CARE UNIT
031 SUBPROVIDER
031 01 SUBPROVIDER 2
033 NURSERY
034 SKILLED NURSING FACILITY
035 NURSING FACILITY
035 01 ICF/MR
ANCILLARY SRVC COST CNTRS
037 OPERATING ROOM
038 RECOVERY ROOM
039 DELIVERY ROOM & LABOR ROO
040 ANESTHESIOLOGY
041 RADIOLOGY-DIAGNOSTIC
041 01 CAT SCAN
041 02 DIAGNOSTIC ULTRASOUND
041 03 NUCLEAR MEDICINE
042 RADIOLOGY-THERAPEUTIC
043 RADIOISOTOPE
044 LABORATORY
045 PBP CLINICAL LAB SERVICES
047 BLOOD STORING, PROCESSING
048 INTRAVENOUS THERAPY
049 RESPIRATORY THERAPY
050 PHYSICAL THERAPY
051 OCCUPATIONAL THERAPY
052 SPEECH PATHOLOGY
053 ELECTROCARDIOLOGY
053 01 CARDIAC CATHETERIZATION L
053 02 CARDIOPULMONARY
053 03 ELECTROCONVULSIVE THERAPY
054 ELECTROENCEPHALOGRAPHY
055 MEDICAL SUPPLIES CHARGED
056 DRUGS CHARGED TO PATIENTS
057 RENAL DIALYSIS
058 ASC (NON-DISTINCT PART)
059 PSYCHIATRIC/PSYCHOLOGICAL
059 01 OUTREACH CLINIC
059 02 ACUPUNCTURE
OUTPAT SERVICE COST CNTRS
060 CLINIC
060 01 SENIOR HEALTH/FAMILY PRAC
060 02 OB-PEDS CLINIC
060 03 ORTHOPEDIC SVC
060 04 BARIATRICS
060 05 CHILD HEALTH CTR
061 EMERGENCY
061 01 DIAGNOSTIC TREATMENT CENT
062 OBSERVATION BEDS (NON-DIS
OTHER REIMBURS COST CNTRS
064 HOME PROGRAM DIALYSIS
065 AMBULANCE SERVICES

ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER	NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100		I	FROM 7/ 1/2007	I	WORKSHEET B
I			I	TO 6/30/2008	I	PART III

COST CENTER
DESCRIPTION

066 OTHER REIMBURS COST CNTRS
 067 DURABLE MEDICAL EQUIP-REN
 DURABLE MEDICAL EQUIP-SOL
 SPEC PURPOSE COST CENTERS
 092 AMBULATORY SURGICAL CENTE
 095 SUBTOTALS
 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 097 RESEARCH
 098 PHYSICIANS' PRIVATE OFFIC
 099 NONPAID WORKERS
 100 FITNESS CENTER/DAYCARE
 100 01 ST. MARY'S APOTHECARY
 100 02 OCCUPATIONAL MEDICINE
 100 03 CANCER CTR/PHYS RECRUITME
 100 04 MARKETING
 100 05 WIRTH HOSPITAL MGMT
 100 06 MOB
 100 07 SENIOR PARTNERS
 100 08 PSYCH FREESTANDING CLINIC
 100 09 WELBORN PROFESSIONAL SVC
 100 10 JOSHUA CITY SCHOOL
 100 11 ST. ELIZABETH
 100 12 REGINA CLOSE OUT
 100 13 TR SUP/DR T
 100 14 FREE STANDING CATH LAB
 100 15 FAMILY PRACTICE
 100 16 OB/PEDS
 100 17 IDLE AND EXCESS SPACE
 100 18 SMHS EMPLOYEES IN SMMC
 100 19 SMMC DEPTS TO SMHS
 100 20 STOREROOM / DISTRIBUTION
 100 21 PRINT SHOP
 100 22 MAIL ROOM-SMHS HO COST
 100 23 ACCOUNTING-SMHS HO COST
 100 24 IS APPLICATIONS-SMHS HO C
 100 25 PRIMARY SOURCE VERIFICATI
 100 26 CMO-DR. GALLAGHER-SMHS HO
 100 27 INFECTION DISEASE-SMHS HO
 100 28 SMHS WARRICK
 100 29 COMPANY 10 AND OTHER
 100 30 STARS PROGRAM
 100 31 EMPLOYEE HEALTH
 100 32 MAT MGMT PURCHASING
 100 33 DECISION SUPPORT
 100 34 PLANETREE
 100 35 EDUCATION
 100 36 QUALITY
 100 37 EMS SECURITY
 100 38 MOTOR SERVICE
 100 39 MEDICAL LIBRARY
 100 40 MGMT PATIENT RELATIONS
 100 41 SUBSIDARY SUPPORT
 100 42 MISSION SERVICE
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B-1
 I TO 6/30/2008 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
		(SQUARE FEET	(REGINA)SQ FEET	(DOLLAR)VALUE	(SQUARE)FEET	(SETON SQ)FEET	(WELBORN)SQ FEET)
		1	1.01	2	3	3.01	3.02
001	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD	741,984					
002	01 OLD CAP REL COSTS-BLD		131,753				
003	OLD CAP REL COSTS-MVB			25,597			
003	NEW CAP REL COSTS-BLD				741,984		
003	01 NEW CAP REL COSTS-BLD					89,892	
004	02 NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
004	01 NEW CAP REL COSTS-MVB						
004	02 NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS	509		97	509	5,542	
006	01 NONPATIENT TELEPHONES	1,229			1,229		
006	03 PURCHASING, RECEIVING	14,591		510	14,591		
006	05 ADMITTING	15,550		310	15,550		
006	06 CASHIERING/ACCOUNTS R		1,531	67			
006	07 MANAGEMENT SERVICES-M	798			798		
006	08 OTHER ADMINISTRATIVE	52,565	8,610	12,737	52,565	22,904	
008	OPERATION OF PLANT	108,710	2,497	1,708	108,710	3,429	
008	02 OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI	11,303	320	9,208	11,303		
010	HOUSEKEEPING	11,713	7,182		11,713	152	
010	02 HOUSEKEEPING						
011	DIETARY	14,786		720	14,786	1,728	
012	CAFETERIA	8,587			8,587		
014	NURSING ADMINISTRATIO	1,724		56	1,724		
015	CENTRAL SERVICES & SU	17,168			17,168		
017	MEDICAL RECORDS & LIB	9,883		184	9,883	766	
022	I&R SERVICES-SALARY &	2,731			2,731		
023	I&R SERVICES-OTHER PR						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	161,622			161,622		
026	INTENSIVE CARE UNIT	37,039			37,039		
026	01 PEDIATRIC ICU						
026	02 NEONATAL ICU	15,732			15,732		
027	CORONARY CARE UNIT	5,644			5,644		
031	SUBPROVIDER	194	11,572		194		
031	01 SUBPROVIDER 2		35,314				
033	NURSERY						
034	SKILLED NURSING FACIL	325			325		
035	NURSING FACILITY						
035	01 ICF/MR						
037	ANCILLARY SRVC COST C						
038	OPERATING ROOM	32,106			32,106		
038	RECOVERY ROOM	13,115			13,115		
039	DELIVERY ROOM & LABOR	24,223			24,223		
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	19,822			19,822		
041	01 CAT SCAN	2,606			2,606		
041	02 DIAGNOSTIC ULTRASOUND	709			709		
041	03 NUCLEAR MEDICINE	2,967			2,967		
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY	12,643	174		12,643		
045	PBP CLINICAL LAB SERV						
047	BLOOD STORING, PROCES	620			620		
048	INTRAVENOUS THERAPY	510			510		
049	RESPIRATORY THERAPY	2,559			2,559		
050	PHYSICAL THERAPY	5,903			5,903		
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	4,218			4,218		
053	01 CARDIAC CATHETERIZATI	12,864			12,864		
053	02 CARDIOPULMONARY	183			183		
053	03 ELECTROCONVULSIVE THE						
054	ELECTROENCEPHALOGRAPH	337	6,416		337		
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI	6,272			6,272		
057	RENAL DIALYSIS	293			293		
058	ASC (NON-DISTINCT PAR						
059	PSYCHIATRIC/PSYCHOLOG						
059	01 OUTREACH CLINIC						
059	02 ACUPUNCTURE						
060	OUTPAT SERVICE COST C						
060	CLINIC						
060	01 SENIOR HEALTH/FAMILY		13,269				
060	02 OB-PEDS CLINIC		7,694				
060	03 ORTHOPEDIC SVC						
060	04 BARIATRICS						
060	05 CHILD HEALTH CTR						
061	EMERGENCY	43,965			43,965		
061	01 DIAGNOSTIC TREATMENT	11,813			11,813		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B-1
 I TO 6/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET	OSTS-BLDG & (REGINA)SQ FEET	OSTS-MVBLE E (DOLLAR)VALUE	OSTS-BLDG & (SQUARE)FEET	OSTS-BLDG & (SETON SQ)FEET	OSTS-BLDG & (WELBORN)SQ FEET)
	1	1.01	2	3	3.01	3.02
062 OUTPAT SERVICE COST C						
OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP	1,005			1,005	4,794	
067 DURABLE MEDICAL EQUIP						
SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
095 SUBTOTALS	691,136	102,551	25,597	691,136	39,315	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O	15,398	11,772		15,398		
099 NONPAID WORKERS						
100 FITNESS CENTER/DAYCAR		9,651			11,064	
100 01 ST. MARY'S APOTHECARY	182			182		
100 02 OCCUPATIONAL MEDICINE					39,513	
100 03 CANCER CTR/PHYS RECRU						
100 04 MARKETING	3,107			3,107		
100 05 WIRTH HOSPITAL MGMT						
100 06 MOB						
100 07 SENIOR PARTNERS						
100 08 PSYCH FREESTANDING CL						
100 09 WELBORN PROFESSIONAL	5,820			5,820		
100 10 JOSHUA CITY SCHOOL						
100 11 ST. ELIZABETH	1,552			1,552		
100 12 REGINA CLOSE OUT						
100 13 TR SUP/DR T						
100 14 FREE STANDING CATH LA	1,036			1,036		
100 15 FAMILY PRACTICE	14,634	722		14,634		
100 16 OB/PEDS						
100 17 IDLE AND EXCESS SPACE	9,119	7,057		9,119		
100 18 SMHS EMPLOYEES IN SMM						
100 19 SMMC DEPTS TO SMHS						
100 20 STOREROOM / DISTRIBUT						
100 21 PRINT SHOP						
100 22 MAIL ROOM-SMHS HO COS						
100 23 ACCOUNTING-SMHS HO CO						
100 24 IS APPLICATIONS-SMHS						
100 25 PRIMARY SOURCE VERIFI						
100 26 CMO-DR. GALLAGHER-SMH						
100 27 INFECTION DISEASE-SMH						
100 28 SMHS WARRICK						
100 29 COMPANY 10 AND OTHER						
100 30 STARS PROGRAM						
100 31 EMPLOYEE HEALTH						
100 32 MAT MGMT PURCHASING						
100 33 DECISION SUPPORT						
100 34 PLANETREE						
100 35 EDUCATION						
100 36 QUALITY						
100 37 EMS SECURITY						
100 38 MOTOR SERVICE						
100 39 MEDICAL LIBRARY						
100 40 MGMT PATIENT RELATION						
100 41 SUBSIDIARY SUPPORT						
100 42 MISSION SERVICE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,371,735		131,513	11,858,780	89,592	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.544215		5.137829		.996663	
(WRKSHT B, PT I)				15.982528		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING CHARGES
		(DOLLAR VALUE	(SETON SQ FEET	(WELBORN)VALUE	(GROSS) SALARIES	(NONPATIENT)T TELEPHO	(SUPPLIES)EXPENSE	(GROSS) CHARGES
		4	4.01	4.02	5	6.01	6.03	6.05
001	GENERAL SERVICE COST							
001	01 OLD CAP REL COSTS-BLD							
002	01 OLD CAP REL COSTS-MVB							
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP REL COSTS-BLD							
004	01 NEW CAP REL COSTS-MVB	11,424,761						
004	02 NEW CAP REL COSTS-MVB		89,892					
005	EMPLOYEE BENEFITS	2,983	5,542		103,784,384			
006	01 NONPATIENT TELEPHONES	58,121			171,557	3,088		
006	03 PURCHASING, RECEIVING	14,534			433,949	21	42,526,820	
006	05 ADMITTING	5,562			1,697,529	51	72,895	719,208,137
006	06 CASHIERING/ACCOUNTS R	8,199			894,981	114	28,773	
006	07 MANAGEMENT SERVICES-M	777			298,050	25	2,150	
006	08 OTHER ADMINISTRATIVE	3,080,191	22,904		8,010,028	472	293,419	
008	02 OPERATION OF PLANT	51,380	3,429		3,192,932	104	343,821	
009	LAUNDRY & LINEN SERVI	23,527			669,225	2	328,818	
010	HOUSEKEEPING	6,788	152		2,151,349	13	231,732	
010	02 HOUSEKEEPING							
011	DIETARY	85,778	1,728		808,659	28		
012	CAFETERIA	2,346			880,122			
014	NURSING ADMINISTRATIO	141,473			2,436,620	29	14,273	
015	CENTRAL SERVICES & SU	103,383			1,335,609	13	1,112,835	
017	MEDICAL RECORDS & LIB	38,965	766		2,420,486	182	23,789	
022	I&R SERVICES-SALARY &	2,020			131,202	21	26,308	
023	I&R SERVICES-OTHER PR				267,656			
024	PARAMED ED PRGM				84,295			
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	439,330			14,288,534	532	639,063	34,790,411
026	01 INTENSIVE CARE UNIT	141,966			6,201,850	92	227,804	16,577,817
026	02 PEDIATRIC ICU							
026	02 NEONATAL ICU	93,645			3,832,318	40	123,343	17,301,327
027	CORONARY CARE UNIT	33,446			1,031,631	18	41,308	2,110,715
031	SUBPROVIDER	2,012			969,171	31	16,130	2,719,423
031	01 SUBPROVIDER 2	29,801			2,151,727	104	61,265	5,196,806
033	NURSERY				227,515		48,668	610,790
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	1,488,866			4,442,056	85	1,216,345	89,367,016
038	RECOVERY ROOM	8,757			2,293,042	51	49,667	17,469,971
039	DELIVERY ROOM & LABOR	27,981			1,795,053	39	182,187	3,693,433
040	ANESTHESIOLOGY	14,838			33,967	4	144	5,836,827
041	RADIOLOGY-DIAGNOSTIC	1,089,332			2,388,057	102	1,334,723	38,720,081
041	01 CAT SCAN	1,190,169			642,839	6	270,548	42,592,143
041	02 DIAGNOSTIC ULTRASOUND	138,976			463,316	4	55,705	4,318,473
041	03 NUCLEAR MEDICINE	295,345			473,802	9	728,539	15,926,213
042	RADIOLOGY-THERAPEUTIC	545,847			7,706	26	63,167	14,823,341
043	RADIOISOTOPE							
044	LABORATORY	278,599			4,271,756	89	1,890,502	56,581,511
045	PBP CLINICAL LAB SERV							
047	BLOOD STORING, PROCES	35,235			313,342		2,321,757	454,100
048	INTRAVENOUS THERAPY	19,533			393,922	2	1,615,309	4,461,344
049	RESPIRATORY THERAPY	129,287			2,382,896	10	349,686	30,619,074
050	PHYSICAL THERAPY	39,520			3,266,516	35	76,738	17,724,028
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	63,340			464,445	42	44,231	4,514,332
053	01 CARDIAC CATHETERIZATI	1,036,870			1,374,022	51	1,619,122	28,704,084
053	02 CARDIOPULMONARY	20,740			444,094	20	10,166	320,979
053	03 ELECTROCONVULSIVE THE	1,307			316,423	34	3,961	646,665
054	ELECTROENCEPHALOGRAPH	30,493			96,223	7	6,510	3,217,872
055	MEDICAL SUPPLIES CHAR						25,064,098	127,323,048
056	DRUGS CHARGED TO PATI	54,648			3,222,459	54	328,341	66,987,764
057	RENAL DIALYSIS	18,902			1,335,893	4	350,034	1,620,329
058	ASC (NON-DISTINCT PAR							
059	PSYCHIATRIC/PSYCHOLOG	753						630
059	01 OUTREACH CLINIC	1,000			462,967	46	35,023	1,261,254
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST C							
060	01 SENIOR HEALTH/FAMILY	25,657			47,506	108	295	38,329
060	02 OB-PEDS CLINIC					51		3,307
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS	12,924			393,150	30	19,446	239,642
060	05 CHILD HEALTH CTR							
061	EMERGENCY	97,173			5,531,835	100	309,594	51,440,181
061	01 DIAGNOSTIC TREATMENT	146,012			1,749,160	50	537,980	6,459,213

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND	ADMITTING
(DOLLAR VALUE	(SETON SQ FEET	(WELBORN VALUE	(GROSS SALARIES	(NONPATIENT T TELEPHO	(SUPPLIES EXPENSE	(GROSS CHARGES)
	4	4.01	4.02	5	6.01	6.03	6.05
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	17,431			760,721	8	99,940	4,535,664
066 DURABLE MEDICAL EQUIP	92	4,794			2	3,733	
067 DURABLE MEDICAL EQUIP SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	11,195,854	39,315		93,954,163	2,961	42,223,885	719,208,137
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
098 PHYSICIANS' PRIVATE O	3,605			4,645,965	32	6,444	
099 NONPAID WORKERS							
100 FITNESS CENTER/DAYCAR	7,438	11,064		40,823	16	9,424	
100 01 ST. MARY'S APOTHECARY	6,909			464,207	12	26,161	
100 02 OCCUPATIONAL MEDICINE	50	39,513		375,342		214	
100 03 CANCER CTR/PHYS RECRU	332			103,607	5	4,325	
100 04 MARKETING	14,317			1,160,877	33	99,897	
100 05 WIRTH HOSPITAL MGMT				30,201		415	
100 06 MOB	170,126						
100 07 SENIOR PARTNERS	2,330				3	16,013	
100 08 PSYCH FREESTANDING CL				80,813	2	446	
100 09 WELBORN PROFESSIONAL	23,197			2,464,274	16	130,638	
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH							
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LA	109				8		
100 15 FAMILY PRACTICE							
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE	494			464,112		8,958	
100 18 SMHS EMPLOYEES IN SMM							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUT							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COS							
100 23 ACCOUNTING-SMHS HO CO							
100 24 IS APPLICATIONS-SMHS							
100 25 PRIMARY SOURCE VERIFI							
100 26 CMO-DR. GALLAGHER-SMH							
100 27 INFECTION DISEASE-SMH							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATION							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	12,311,006			4,873,894	371,267	796,393	2,289,565
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.077572			.046962	120.228951	.018727	.003183
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				2,811	5,590	68,975	72,512
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				.000027	1.810233	.001622	.000101
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				16,873	82,301	249,493	256,585
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.000163	26.651878	.005867	.000357

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B-1
 I TO 6/30/2008 I

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	
		(GROSS CHARGES)	(MULBERRY)GROSS REVS	RECONCIL- IATION	(ACCUM. COST)	(SQUARE)FEET	(WELBORN)SQ FEET	(POUNDS OF)LAUNDRY
		6.06	6.07	6a.08	6.08	8	8.02	9
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
001 01	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-BLD							
003 02	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
004 01	NEW CAP REL COSTS-MVB							
004 02	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 03	PURCHASING, RECEIVING							
006 05	ADMITTING							
006 06	CASHIERING/ACCOUNTS R	719,208,137						
006 07	MANAGEMENT SERVICES-M		359,319					
006 08	OTHER ADMINISTRATIVE			-61,380,776	224,589,835			
008	OPERATION OF PLANT				10,568,974	924,426		
008 02	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI				1,404,257	11,623		4,000,760
010	HOUSEKEEPING				2,981,404	19,047		
010 02	HOUSEKEEPING							
011	DIETARY				1,405,012	16,514		
012	CAFETERIA				1,506,377	8,587		
014	NURSING ADMINISTRATIO				2,860,323	1,724		
015	CENTRAL SERVICES & SU				1,709,588	17,168		
017	MEDICAL RECORDS & LIB				3,208,059	10,649		
022	I&R SERVICES-SALARY &				178,841	2,731		113,750
023	I&R SERVICES-OTHER PR				79,432			
024	PARAMED ED PRGM				88,254			
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	34,790,411			20,799,673	161,622		1,320,936
026	INTENSIVE CARE UNIT	16,577,817			8,223,281	37,039		375,822
026 01	PEDIATRIC ICU							47,650
026 02	NEONATAL ICU	17,301,327			4,752,372	15,732		104,269
027	CORONARY CARE UNIT	2,110,715			1,304,427	5,644		49,889
031	SUBPROVIDER	2,719,423			1,009,602	11,766		
031 01	SUBPROVIDER 2	5,196,806			2,540,521	35,314		171,306
033	NURSERY	610,790			263,629			
034	SKILLED NURSING FACIL				6,671	325		
035	NURSING FACILITY							
035 01	ICF/MR							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	89,367,016			29,321,553	32,106		241,637
038	RECOVERY ROOM	17,469,971			2,983,569	16,021		201,404
039	DELIVERY ROOM & LABOR	3,693,433			2,662,093	24,223		149,880
040	ANESTHESIOLOGY	5,836,827			130,499			
041	RADIOLOGY-DIAGNOSTIC	38,720,081			6,974,079	39,444		224,947
041 01	CAT SCAN	42,592,143			2,370,031	5,189		57,891
041 02	DIAGNOSTIC ULTRASOUND	4,318,473			878,929	1,862		
041 03	NUCLEAR MEDICINE	15,926,213			2,057,063	7,033		9,908
042	RADIOLOGY-THERAPEUTIC	14,823,341			2,424,828			20,528
043	RADIOISOTOPE							
044	LABORATORY	56,581,511			8,303,830	24,370		
045	PBP CLINICAL LAB SERV							
047	BLOOD STORING, PROCES	454,100			2,762,312	620		
048	INTRAVENOUS THERAPY	4,461,344			2,696,307	510		
049	RESPIRATORY THERAPY	30,619,074			3,694,855	2,559		
050	PHYSICAL THERAPY	17,724,028			4,319,750	24,440		52,099
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	4,514,332			1,958,411	4,560		20,626
053 01	CARDIAC CATHETERIZATI	28,704,084			5,388,578	18,778		63,678
053 02	CARDIOPULMONARY	320,979			656,299	7,661		17,153
053 03	ELECTROCONVULSIVE THE	646,665			620,813	4,634		
054	ELECTROENCEPHALOGRAPH	3,217,872			737,581	6,753		10,017
055	MEDICAL SUPPLIES CHAR	127,323,048			26,652,050			
056	DRUGS CHARGED TO PATI	66,987,764			18,901,654	6,272		
057	RENAL DIALYSIS	1,620,329			1,838,640	293		
058	ASC (NON-DISTINCT PAR							
059	PSYCHIATRIC/PSYCHOLOG	630			817			
059 01	OUTREACH CLINIC	1,261,254			573,859			
059 02	ACUPUNCTURE							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	SENIOR HEALTH/FAMILY	38,329			50,418	21,398		12,605
060 02	OB-PEDS CLINIC	3,307			6,162	7,694		2,147
060 03	ORTHOPEDIC SVC							
060 04	BARIATRICS	239,642			417,320			
060 05	CHILD HEALTH CTR							
061	EMERGENCY	51,440,181			7,035,257	43,965		462,576
061 01	DIAGNOSTIC TREATMENT	6,459,213			2,946,487	11,813		109,377

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	
		(GROSS CHARGES	(MULBERRY)GROSS REVS	(RECONCIL- IATION	(ACCUM. COST	(SQUARE)FEET	(WELBORN)SQ FEET	(POUNDS OF)LAUNDRY
		6.06	6.07	6a.08	6.08	8	8.02	9
062	OUTPAT SERVICE COST C							
	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	4,535,664			2,323,813			
066	DURABLE MEDICAL EQUIP				25,816	6,957		
067	DURABLE MEDICAL EQUIP							
	SPEC PURPOSE COST CEN							
092	AMBULATORY SURGICAL C							
095	SUBTOTALS	719,208,137		-61,380,776	206,604,370	674,640		3,840,095
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O				6,255,614	27,170		
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCAR				77,318	20,715		13,239
100	01 ST. MARY'S APOTHECARY				574,006	3,062		
100	02 OCCUPATIONAL MEDICINE				802,306	39,513		37,772
100	03 CANCER CTR/PHYS RECRU				159,263			
100	04 MARKETING				2,032,558	15,618		
100	05 WIRTH HOSPITAL MGMT				37,923			
100	06 MOB				2,270,257			106,040
100	07 SENIOR PARTNERS				61,727			
100	08 PSYCH FREESTANDING CL				323,876			
100	09 WELBORN PROFESSIONAL				3,430,911	12,320		3,614
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH				31,858	1,552		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LA				22,345	1,036		
100	15 FAMILY PRACTICE				300,388	71,483		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE		359,319		1,605,115	57,317		
100	18 SMHS EMPLOYEES IN SMM							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUT							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COS							
100	23 ACCOUNTING-SMHS HO CO							
100	24 IS APPLICATIONS-SMHS							
100	25 PRIMARY SOURCE VERIFI							
100	26 CMO-DR. GALLAGHER-SMH							
100	27 INFECTION DISEASE-SMH							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATION							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,082,326	335,973		61,380,776	13,457,496		1,957,247
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.935027		.273302			
	(WRKSHT B, PT I)	.005676				14.557678		.489219
105	COST TO BE ALLOCATED	621	3,682		305,855	518,004		107,653
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.010247		.001362			
	(WRKSHT B, PT II)	.000001				.560352		.026908
107	COST TO BE ALLOCATED	12,188	14,319		4,197,689	1,999,088		259,475
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.039850		.018690			
	(WRKSHT B, PT III)	.000017				2.162518		.064856

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

	COST CENTER DESCRIPTION	HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	MEDICAL RECOR
		(SQUARE FEET	(WELBORN)SQ FEET	(MEALS)SERVED	(MAN HOURS)	(DIRECT)NRSNG HRS	(SUPPLIES)EXPENSE	(GROSS) CHARGES
		10	10.02	11	12	14	15	17
001	GENERAL SERVICE COST							
001	01 OLD CAP REL COSTS-BLD							
002	01 OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
004	01 NEW CAP REL COSTS-MVB							
004	02 NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	03 PURCHASING, RECEIVING							
006	05 ADMITTING							
006	06 CASHIERING/ACCOUNTS R							
006	07 MANAGEMENT SERVICES-M							
006	08 OTHER ADMINISTRATIVE							
008	OPERATION OF PLANT							
008	02 OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING	893,756						
010	02 HOUSEKEEPING							
011	DIETARY	16,514		366,987				
012	CAFETERIA	8,587			152,688			
014	NURSING ADMINISTRATIO	1,724			5,346	29,268		
015	CENTRAL SERVICES & SU	17,168			3,960		40,098,104	
017	MEDICAL RECORDS & LIB	10,649			6,718		23,789	719,208,137
022	I&R SERVICES-SALARY &	2,731		92	880		26,308	
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM				100			
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	161,622		234,423	29,568	15,983	639,063	34,790,411
026	INTENSIVE CARE UNIT	37,039		46,594	11,010	5,314	227,804	16,577,817
026	01 PEDIATRIC ICU					2,086		
026	02 NEONATAL ICU	15,732			6,264		123,343	17,301,327
027	CORONARY CARE UNIT	5,644		4,184	1,634	789	41,308	2,110,715
031	SUBPROVIDER	11,766		12,188	1,745	624	16,130	2,719,423
031	01 SUBPROVIDER 2	35,314		35,653	4,098	2,080	61,265	5,196,806
033	NURSERY			6,631	455	312	48,668	610,790
034	SKILLED NURSING FACIL	325						
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	32,106			7,920		1,216,345	89,367,016
038	RECOVERY ROOM	16,021		3,344	4,178		49,667	17,469,971
039	DELIVERY ROOM & LABOR	24,223			3,279	2,080	182,187	3,693,433
040	ANESTHESIOLOGY				89		144	5,836,827
041	RADIOLOGY-DIAGNOSTIC	39,444		4	4,884		1,334,723	38,720,081
041	01 CAT SCAN	5,189			1,172		270,548	42,592,143
041	02 DIAGNOSTIC ULTRASOUND	1,862			745		55,705	4,318,473
041	03 NUCLEAR MEDICINE	7,033		29	813		728,539	15,926,213
042	RADIOLOGY-THERAPEUTIC				15		63,167	14,823,341
043	RADIOISOTOPE							
044	LABORATORY	24,370		6	9,558		1,890,502	56,581,511
045	PBP CLINICAL LAB SERV							
047	BLOOD STORING, PROCES	620			523		2,321,757	454,100
048	INTRAVENOUS THERAPY	510		569	624		1,615,309	4,461,344
049	RESPIRATORY THERAPY	2,559		16	4,271		349,686	30,619,074
050	PHYSICAL THERAPY	24,440		132	5,775		76,738	17,724,028
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	4,560			1,104		44,231	4,514,332
053	01 CARDIAC CATHETERIZATI	18,778		4,824	2,242		1,619,122	28,704,084
053	02 CARDIOPULMONARY	7,661			843		10,166	320,979
053	03 ELECTROCONVULSIVE THE	4,634		22	611		3,961	646,665
054	ELECTROENCEPHALOGRAPH	6,753		1,509	186		6,510	3,217,872
055	MEDICAL SUPPLIES CHAR						25,064,098	127,323,048
056	DRUGS CHARGED TO PATI	6,272			4,837		328,341	66,987,764
057	RENAL DIALYSIS	293			2,156		350,034	1,620,329
058	ASC (NON-DISTINCT PAR							
059	PSYCHIATRIC/PSYCHOLOG							630
059	01 OUTREACH CLINIC				865		35,023	1,261,254
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST C							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY	21,398			81		295	38,329
060	02 OB-PEDS CLINIC	7,694						3,307
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS				628		19,446	239,642
060	05 CHILD HEALTH CTR							
061	EMERGENCY	43,965		9,222	9,650		309,594	51,440,181
061	01 DIAGNOSTIC TREATMENT	11,813		7,545	3,033		537,980	6,459,213

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	MEDICAL RECOR
		(SQUARE FEET	(WELBORN)SQ FEET	(MEALS)SERVED	(MAN HOURS)	(DIRECT)NRSNG HRS	(SUPPLIES)EXPENSE	(GROSS) CHARGES)
		10	10.02	11	12	14	15	17
062	OUTPAT SERVICE COST C							
	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES				1,121		99,940	4,535,664
066	DURABLE MEDICAL EQUIP	6,957					3,733	
067	DURABLE MEDICAL EQUIP							
	SPEC PURPOSE COST CEN							
092	AMBULATORY SURGICAL C							
095	SUBTOTALS	643,970		366,987	142,981	29,268	39,795,169	719,208,137
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O	27,170			1,969		6,444	
099	NONPAID WORKERS							
100	FITNESS CENTER/DAYCAR	20,715			88		9,424	
100	01 ST. MARY'S APOTHECARY	3,062			731		26,161	
100	02 OCCUPATIONAL MEDICINE	39,513			129		214	
100	03 CANCER CTR/PHYS RECRU				237		4,325	
100	04 MARKETING	15,618			1,831		99,897	
100	05 WIRTH HOSPITAL MGMT				77		415	
100	06 MOB							
100	07 SENIOR PARTNERS						16,013	
100	08 PSYCH FREESTANDING CL				100		446	
100	09 WELBORN PROFESSIONAL	12,320			3,657		130,638	
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH	1,552						
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LA	1,036			1			
100	15 FAMILY PRACTICE	71,483						
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE	57,317			887		8,958	
100	18 SMHS EMPLOYEES IN SMM							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUT							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COS							
100	23 ACCOUNTING-SMHS HO CO							
100	24 IS APPLICATIONS-SMHS							
100	25 PRIMARY SOURCE VERIFI							
100	26 CMO-DR. GALLAGHER-SMH							
100	27 INFECTION DISEASE-SMH							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATION							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,073,508		2,104,677	2,082,217	3,747,914	2,558,998	4,381,520
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				13.637070		.063818	
	(WRKSHT B, PT I)	4.557741		5.735018		128.055009		.006092
105	COST TO BE ALLOCATED	68,418		83,395	46,566	14,887	94,350	59,544
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER				.304975		.002353	
	(WRKSHT B, PT II)	.076551		.227242		.508644		.000083
107	COST TO BE ALLOCATED	293,637		398,748	189,458	245,641	472,516	301,195
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				1.240818		.011784	
	(WRKSHT B, PT III)	.328543		1.086545		8.392818		.000419

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
		(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME)
		22	23	24
001	GENERAL SERVICE COST			
001	01 OLD CAP REL COSTS-BLD			
002	OLD CAP REL COSTS-MVB			
003	NEW CAP REL COSTS-BLD			
003	01 NEW CAP REL COSTS-BLD			
003	02 NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
004	01 NEW CAP REL COSTS-MVB			
004	02 NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	03 PURCHASING, RECEIVING			
006	05 ADMITTING			
006	06 CASHIERING/ACCOUNTS R			
006	07 MANAGEMENT SERVICES-M			
006	08 OTHER ADMINISTRATIVE			
008	OPERATION OF PLANT			
008	02 OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
010	02 HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU			
017	MEDICAL RECORDS & LIB			
022	I&R SERVICES-SALARY &	100		
023	I&R SERVICES-OTHER PR		100	
024	PARAMED ED PRGM			100
025	INPAT ROUTINE SRVC CN			
026	ADULTS & PEDIATRICS	100	100	
026	01 PEDIATRIC ICU			
026	02 NEONATAL ICU			
027	CORONARY CARE UNIT			
031	SUBPROVIDER			
031	01 SUBPROVIDER 2			
033	NURSERY			
034	SKILLED NURSING FACIL			
035	NURSING FACILITY			
035	01 ICF/MR			
037	ANCILLARY SRVC COST C			
038	OPERATING ROOM			
039	RECOVERY ROOM			
040	DELIVERY ROOM & LABOR			
041	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC			100
041	01 CAT SCAN			
041	02 DIAGNOSTIC ULTRASOUND			
041	03 NUCLEAR MEDICINE			
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY			
045	PBP CLINICAL LAB SERV			
047	BLOOD STORING, PROCES			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY			
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIAC CATHETERIZATI			
053	02 CARDIOPULMONARY			
053	03 ELECTROCONVULSIVE THE			
054	ELECTROENCEPHALOGRAPH			
055	MEDICAL SUPPLIES CHAR			
056	DRUGS CHARGED TO PATI			
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PAR			
059	PSYCHIATRIC/PSYCHOLOG			
059	01 OUTREACH CLINIC			
059	02 ACUPUNCTURE			
060	OUTPAT SERVICE COST C			
060	01 SENIOR HEALTH/FAMILY			
060	02 OB-PEDS CLINIC			
060	03 ORTHOPEDIC SVC			
060	04 BARIATRICS			
060	05 CHILD HEALTH CTR			
061	EMERGENCY			
061	01 DIAGNOSTIC TREATMENT			

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
		(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME)
		22	23	24
062	OUTPAT SERVICE COST C			
	OBSERVATION BEDS (NON			
	OTHER REIMBURS COST C			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP			
067	DURABLE MEDICAL EQUIP			
	SPEC PURPOSE COST CEN			
092	AMBULATORY SURGICAL C			
095	SUBTOTALS	100	100	100
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
097	RESEARCH			
098	PHYSICIANS' PRIVATE O			
099	NONPAID WORKERS			
100	FITNESS CENTER/DAYCAR			
100	01 ST. MARY'S APOTHECARY			
100	02 OCCUPATIONAL MEDICINE			
100	03 CANCER CTR/PHYS RECRU			
100	04 MARKETING			
100	05 WIRTH HOSPITAL MGMT			
100	06 MOB			
100	07 SENIOR PARTNERS			
100	08 PSYCH FREESTANDING CL			
100	09 WELBORN PROFESSIONAL			
100	10 JOSHUA CITY SCHOOL			
100	11 ST. ELIZABETH			
100	12 REGINA CLOSE OUT			
100	13 TR SUP/DR T			
100	14 FREE STANDING CATH LA			
100	15 FAMILY PRACTICE			
100	16 OB/PEDS			
100	17 IDLE AND EXCESS SPACE			
100	18 SMHS EMPLOYEES IN SMM			
100	19 SMMC DEPTS TO SMHS			
100	20 STOREROOM / DISTRIBUT			
100	21 PRINT SHOP			
100	22 MAIL ROOM-SMHS HO COS			
100	23 ACCOUNTING-SMHS HO CO			
100	24 IS APPLICATIONS-SMHS			
100	25 PRIMARY SOURCE VERIFI			
100	26 CMO-DR. GALLAGHER-SMH			
100	27 INFECTION DISEASE-SMH			
100	28 SMHS WARRICK			
100	29 COMPANY 10 AND OTHER			
100	30 STARS PROGRAM			
100	31 EMPLOYEE HEALTH			
100	32 MAT MGMT PURCHASING			
100	33 DECISION SUPPORT			
100	34 PLANETREE			
100	35 EDUCATION			
100	36 QUALITY			
100	37 EMS SECURITY			
100	38 MOTOR SERVICE			
100	39 MEDICAL LIBRARY			
100	40 MGMT PATIENT RELATION			
100	41 SUBSIDIARY SUPPORT			
100	42 MISSION SERVICE			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	349,780	101,141	113,738
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		1,011.410000	
	(WRKSHT B, PT I)			
		3,497.800000		1,137.380000
105	COST TO BE ALLOCATED	17,890	115	152
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER		1.150000	
	(WRKSHT B, PT II)			
		178.900000		1.520000
107	COST TO BE ALLOCATED	65,585	1,529	1,787
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		15.290000	
	(WRKSHT B, PT III)			
		655.850000		17.870000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	34,267,032		34,267,032		34,267,032
26	INTENSIVE CARE UNIT	12,575,970		12,575,970		12,575,970
26	01 PEDIATRIC ICU	290,434		290,434		290,434
26	02 NEONATAL ICU	6,601,633		6,601,633		6,601,633
27	CORONARY CARE UNIT	1,956,032		1,956,032		1,956,032
31	SUBPROVIDER	1,701,637		1,701,637		1,701,637
31	01 SUBPROVIDER 2	4,555,977		4,555,977	17,722	4,573,699
33	NURSERY	426,693		426,693		426,693
34	SKILLED NURSING FACILITY	14,706		14,706		14,706
35	NURSING FACILITY					
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	38,797,106		38,797,106		38,797,106
38	RECOVERY ROOM	4,389,515		4,389,515		4,389,515
39	DELIVERY ROOM & LABOR ROO	4,271,202		4,271,202		4,271,202
40	ANESTHESIOLOGY	202,946		202,946		202,946
41	RADIOLOGY-DIAGNOSTIC	10,245,572		10,245,572		10,245,572
41	01 CAT SCAN	3,437,996		3,437,996		3,437,996
41	02 DIAGNOSTIC ULTRASOUND	1,194,758		1,194,758		1,194,758
41	03 NUCLEAR MEDICINE	2,913,317		2,913,317		2,913,317
42	RADIOLOGY-THERAPEUTIC	3,192,121		3,192,121		3,192,121
43	RADIOISOTOPE					
44	LABORATORY	11,634,846		11,634,846		11,634,846
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING	3,687,177		3,687,177		3,687,177
48	INTRAVENOUS THERAPY	3,584,999		3,584,999		3,584,999
49	RESPIRATORY THERAPY	5,020,765		5,020,765		5,020,765
50	PHYSICAL THERAPY	6,185,398		6,185,398		6,185,398
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,636,285		2,636,285		2,636,285
53	01 CARDIAC CATHETERIZATION L	7,587,822		7,587,822		7,587,822
53	02 CARDIOPULMONARY	1,004,602		1,004,602		1,004,602
53	03 ELECTROCONVULSIVE THERAPY	891,713		891,713		891,713
54	ELECTROENCEPHALOGRAPHY	1,104,358		1,104,358		1,104,358
55	MEDICAL SUPPLIES CHARGED	36,311,424		36,311,424		36,311,424
56	DRUGS CHARGED TO PATIENTS	24,682,412		24,682,412		24,682,412
57	RENAL DIALYSIS	2,408,355		2,408,355		2,408,355
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	1,044		1,044		1,044
59	01 OUTREACH CLINIC	752,411		752,411		752,411
59	02 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 SENIOR HEALTH/FAMILY PRAC	480,754		480,754		480,754
60	02 OB-PEDS CLINIC	155,990		155,990		155,990
60	03 ORTHOPEDIC SVC					
60	04 BARIATRICS	542,639		542,639		542,639
60	05 CHILD HEALTH CTR					
61	EMERGENCY	10,542,335		10,542,335		10,542,335
61	01 DIAGNOSTIC TREATMENT CENT	4,189,403		4,189,403		4,189,403
62	OBSERVATION BEDS (NON-DIS	5,343,491		5,343,491		5,343,491
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	3,008,212		3,008,212	473	3,008,685
66	DURABLE MEDICAL EQUIP-REN	166,096		166,096		166,096
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	262,957,178		262,957,178	18,195	262,975,373
102	LESS OBSERVATION BEDS	5,343,491		5,343,491		5,343,491
103	TOTAL	257,613,687		257,613,687	18,195	257,631,882

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	28,680,944		28,680,944			
26	INTENSIVE CARE UNIT	16,577,817		16,577,817			
26	01 PEDIATRIC ICU						
26	02 NEONATAL ICU	17,301,327		17,301,327			
27	CORONARY CARE UNIT	2,110,715		2,110,715			
31	SUBPROVIDER	2,719,423		2,719,423			
31	01 SUBPROVIDER 2	5,196,806		5,196,806			
33	NURSERY	610,790		610,790			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	41,290,602	48,076,414	89,367,016	.434132	.434132	.434132
38	RECOVERY ROOM	4,073,982	13,395,989	17,469,971	.251261	.251261	.251261
39	DELIVERY ROOM & LABOR ROO	3,332,544	360,889	3,693,433	1.156431	1.156431	1.156431
40	ANESTHESIOLOGY	2,446,871	3,389,956	5,836,827	.034770	.034770	.034770
41	RADIOLOGY-DIAGNOSTIC	11,822,740	26,897,341	38,720,081	.264606	.264606	.264606
41	01 CAT SCAN	13,753,356	28,838,787	42,592,143	.080719	.080719	.080719
41	02 DIAGNOSTIC ULTRASOUND	1,145,327	3,173,146	4,318,473	.276662	.276662	.276662
41	03 NUCLEAR MEDICINE	4,544,916	11,381,297	15,926,213	.182926	.182926	.182926
42	RADIOLOGY-THERAPEUTIC	930,176	13,893,165	14,823,341	.215344	.215344	.215344
43	RADIOISOTOPE						
44	LABORATORY	30,241,720	26,339,791	56,581,511	.205630	.205630	.205630
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	44,415	409,685	454,100	8.119747	8.119747	8.119747
48	INTRAVENOUS THERAPY	2,001,398	2,459,946	4,461,344	.803569	.803569	.803569
49	RESPIRATORY THERAPY	23,382,339	7,236,735	30,619,074	.163975	.163975	.163975
50	PHYSICAL THERAPY	14,399,797	3,324,231	17,724,028	.348984	.348984	.348984
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,261,226	2,253,106	4,514,332	.583981	.583981	.583981
53	01 CARDIAC CATHETERIZATION L	16,649,459	12,054,625	28,704,084	.264346	.264346	.264346
53	02 CARDIOPULMONARY	34,356	286,623	320,979	3.129806	3.129806	3.129806
53	03 ELECTROCONVULSIVE THERAPY	87,425	559,240	646,665	1.378941	1.378941	1.378941
54	ELECTROENCEPHALOGRAPHY	195,558	3,022,314	3,217,872	.343195	.343195	.343195
55	MEDICAL SUPPLIES CHARGED	90,189,429	37,133,619	127,323,048	.285191	.285191	.285191
56	DRUGS CHARGED TO PATIENTS	45,555,240	21,432,524	66,987,764	.368461	.368461	.368461
57	RENAL DIALYSIS	1,482,306	138,023	1,620,329	1.486337	1.486337	1.486337
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	630		630	1.657143	1.657143	1.657143
59	01 OUTREACH CLINIC	318,870	942,384	1,261,254	.596558	.596558	.596558
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC	8,522	29,807	38,329	12.542827	12.542827	12.542827
60	02 OB-PEDS CLINIC		3,307	3,307	47.169640	47.169640	47.169640
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS		239,642	239,642	2.264374	2.264374	2.264374
60	05 CHILD HEALTH CTR						
61	EMERGENCY	13,914,715	37,525,466	51,440,181	.204944	.204944	.204944
61	01 DIAGNOSTIC TREATMENT CENT	2,479,775	3,979,438	6,459,213	.648593	.648593	.648593
62	OBSERVATION BEDS (NON-DIS	848,023	5,261,444	6,109,467	.874625	.874625	.874625
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	26,848	4,508,816	4,535,664	.663235	.663235	.663339
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	400,660,387	318,547,750	719,208,137			
102	LESS OBSERVATION BEDS						
103	TOTAL	400,660,387	318,547,750	719,208,137			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	34,717,953		34,717,953		34,717,953
26	INTENSIVE CARE UNIT	12,575,970		12,575,970		12,575,970
26	01 PEDIATRIC ICU	290,434		290,434		290,434
26	02 NEONATAL ICU	6,601,633		6,601,633		6,601,633
27	CORONARY CARE UNIT	1,956,032		1,956,032		1,956,032
31	SUBPROVIDER	1,701,637		1,701,637		1,701,637
31	01 SUBPROVIDER 2	4,555,977		4,555,977	17,722	4,573,699
33	NURSERY	426,693		426,693		426,693
34	SKILLED NURSING FACILITY	14,706		14,706		14,706
35	NURSING FACILITY					
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	38,797,106		38,797,106		38,797,106
38	RECOVERY ROOM	4,389,515		4,389,515		4,389,515
39	DELIVERY ROOM & LABOR ROO	4,271,202		4,271,202		4,271,202
40	ANESTHESIOLOGY	202,946		202,946		202,946
41	RADIOLOGY-DIAGNOSTIC	10,245,572		10,245,572		10,245,572
41	01 CAT SCAN	3,437,996		3,437,996		3,437,996
41	02 DIAGNOSTIC ULTRASOUND	1,194,758		1,194,758		1,194,758
41	03 NUCLEAR MEDICINE	2,913,317		2,913,317		2,913,317
42	RADIOLOGY-THERAPEUTIC	3,192,121		3,192,121		3,192,121
43	RADIOISOTOPE					
44	LABORATORY	11,634,846		11,634,846		11,634,846
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING	3,687,177		3,687,177		3,687,177
48	INTRAVENOUS THERAPY	3,584,999		3,584,999		3,584,999
49	RESPIRATORY THERAPY	5,020,765		5,020,765		5,020,765
50	PHYSICAL THERAPY	6,185,398		6,185,398		6,185,398
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,636,285		2,636,285		2,636,285
53	01 CARDIAC CATHETERIZATION L	7,587,822		7,587,822		7,587,822
53	02 CARDIOPULMONARY	1,004,602		1,004,602		1,004,602
53	03 ELECTROCONVULSIVE THERAPY	891,713		891,713		891,713
54	ELECTROENCEPHALOGRAPHY	1,104,358		1,104,358		1,104,358
55	MEDICAL SUPPLIES CHARGED	36,311,424		36,311,424		36,311,424
56	DRUGS CHARGED TO PATIENTS	24,682,412		24,682,412		24,682,412
57	RENAL DIALYSIS	2,408,355		2,408,355		2,408,355
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	1,044		1,044		1,044
59	01 OUTREACH CLINIC	752,411		752,411		752,411
59	02 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 SENIOR HEALTH/FAMILY PRAC	480,754		480,754		480,754
60	02 OB-PEDS CLINIC	155,990		155,990		155,990
60	03 ORTHOPEDIC SVC					
60	04 BARIATRICS	542,639		542,639		542,639
60	05 CHILD HEALTH CTR					
61	EMERGENCY	10,542,335		10,542,335		10,542,335
61	01 DIAGNOSTIC TREATMENT CENT	4,189,403		4,189,403		4,189,403
62	OBSERVATION BEDS (NON-DIS	5,343,491		5,343,491		5,343,491
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	3,008,212		3,008,212	473	3,008,685
66	DURABLE MEDICAL EQUIP-REN	166,096		166,096		166,096
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	263,408,099		263,408,099	18,195	263,426,294
102	LESS OBSERVATION BEDS	5,343,491		5,343,491		5,343,491
103	TOTAL	258,064,608		258,064,608	18,195	258,082,803

Health Financial Systems		MCRIF32	FOR ST. MARY'S MEDICAL CENTER		**NOT A CMS WORKSHEET **	(05/1999)	
COMPUTATION OF RATIO OF COSTS TO CHARGES			I	PROVIDER NO:	I	PERIOD:	I
SPECIAL TITLE XIX WORKSHEET			I	15-0100	I	FROM 7/ 1/2007	I
			I		I	TO 6/30/2008	I
							PREPARED 11/24/2008
							WORKSHEET C
							PART I
WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	28,680,944		28,680,944			
26	INTENSIVE CARE UNIT	16,577,817		16,577,817			
26 01	PEDIATRIC ICU						
26 02	NEONATAL ICU	17,301,327		17,301,327			
27	CORONARY CARE UNIT	2,110,715		2,110,715			
31	SUBPROVIDER	2,719,423		2,719,423			
31 01	SUBPROVIDER 2	5,196,806		5,196,806			
33	NURSERY	610,790		610,790			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	41,290,602	48,076,414	89,367,016	.434132	.434132	.434132
38	RECOVERY ROOM	4,073,982	13,395,989	17,469,971	.251261	.251261	.251261
39	DELIVERY ROOM & LABOR ROO	3,332,544	360,889	3,693,433	1.156431	1.156431	1.156431
40	ANESTHESIOLOGY	2,446,871	3,389,956	5,836,827	.034770	.034770	.034770
41	RADIOLOGY-DIAGNOSTIC	11,822,740	26,897,341	38,720,081	.264606	.264606	.264606
41 01	CAT SCAN	13,753,356	28,838,787	42,592,143	.080719	.080719	.080719
41 02	DIAGNOSTIC ULTRASOUND	1,145,327	3,173,146	4,318,473	.276662	.276662	.276662
41 03	NUCLEAR MEDICINE	4,544,916	11,381,297	15,926,213	.182926	.182926	.182926
42	RADIOLOGY-THERAPEUTIC	930,176	13,893,165	14,823,341	.215344	.215344	.215344
43	RADIOISOTOPE						
44	LABORATORY	30,241,720	26,339,791	56,581,511	.205630	.205630	.205630
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	44,415	409,685	454,100	8.119747	8.119747	8.119747
48	INTRAVENOUS THERAPY	2,001,398	2,459,946	4,461,344	.803569	.803569	.803569
49	RESPIRATORY THERAPY	23,382,339	7,236,735	30,619,074	.163975	.163975	.163975
50	PHYSICAL THERAPY	14,399,797	3,324,231	17,724,028	.348984	.348984	.348984
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,261,226	2,253,106	4,514,332	.583981	.583981	.583981
53 01	CARDIAC CATHETERIZATION L	16,649,459	12,054,625	28,704,084	.264346	.264346	.264346
53 02	CARDIOPULMONARY	34,356	286,623	320,979	3.129806	3.129806	3.129806
53 03	ELECTROCONVULSIVE THERAPY	87,425	559,240	646,665	1.378941	1.378941	1.378941
54	ELECTROENCEPHALOGRAPHY	195,558	3,022,314	3,217,872	.343195	.343195	.343195
55	MEDICAL SUPPLIES CHARGED	90,189,429	37,133,619	127,323,048	.285191	.285191	.285191
56	DRUGS CHARGED TO PATIENTS	45,555,240	21,432,524	66,987,764	.368461	.368461	.368461
57	RENAL DIALYSIS	1,482,306	138,023	1,620,329	1.486337	1.486337	1.486337
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	630		630	1.657143	1.657143	1.657143
59 01	OUTREACH CLINIC	318,870	942,384	1,261,254	.596558	.596558	.596558
59 02	ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	8,522	29,807	38,329	12.542827	12.542827	12.542827
60 02	OB-PEDS CLINIC		3,307	3,307	47.169640	47.169640	47.169640
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS		239,642	239,642	2.264374	2.264374	2.264374
60 05	CHILD HEALTH CTR						
61	EMERGENCY	13,914,715	37,525,466	51,440,181	.204944	.204944	.204944
61 01	DIAGNOSTIC TREATMENT CENT	2,479,775	3,979,438	6,459,213	.648593	.648593	.648593
62	OBSERVATION BEDS (NON-DIS	848,023	5,261,444	6,109,467	.874625	.874625	.874625
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	26,848	4,508,816	4,535,664	.663235	.663235	.663339
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	400,660,387	318,547,750	719,208,137			
102	LESS OBSERVATION BEDS						
103	TOTAL	400,660,387	318,547,750	719,208,137			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	38,797,106	3,103,224	35,693,882			38,797,106
38	RECOVERY ROOM	4,389,515	437,962	3,951,553			4,389,515
39	DELIVERY ROOM & LABOR ROO	4,271,202	702,865	3,568,337			4,271,202
40	ANESTHESIOLOGY	202,946	24,576	178,370			202,946
41	RADIOLOGY-DIAGNOSTIC	10,245,572	1,942,225	8,303,347			10,245,572
41 01	CAT SCAN	3,437,996	1,454,663	1,983,333			3,437,996
41 02	DIAGNOSTIC ULTRASOUND	1,194,758	194,540	1,000,218			1,194,758
41 03	NUCLEAR MEDICINE	2,913,317	476,291	2,437,026			2,913,317
42	RADIOLOGY-THERAPEUTIC	3,192,121	655,323	2,536,798			3,192,121
43	RADIOISOTOPE						
44	LABORATORY	11,634,846	916,818	10,718,028			11,634,846
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	3,687,177	159,546	3,527,631			3,687,177
48	INTRAVENOUS THERAPY	3,584,999	128,318	3,456,681			3,584,999
49	RESPIRATORY THERAPY	5,020,765	318,808	4,701,957			5,020,765
50	PHYSICAL THERAPY	6,185,398	361,312	5,824,086			6,185,398
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,636,285	218,625	2,417,660			2,636,285
53 01	CARDIAC CATHETERIZATION L	7,587,822	1,628,591	5,959,231			7,587,822
53 02	CARDIOPULMONARY	1,004,602	67,292	937,310			1,004,602
53 03	ELECTROCONVULSIVE THERAPY	891,713	31,072	860,641			891,713
54	ELECTROENCEPHALOGRAPHY	1,104,358	82,386	1,021,972			1,104,358
55	MEDICAL SUPPLIES CHARGED	36,311,424	1,200,232	35,111,192			36,311,424
56	DRUGS CHARGED TO PATIENTS	24,682,412	668,507	24,013,905			24,682,412
57	RENAL DIALYSIS	2,408,355	77,023	2,331,332			2,408,355
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1,044	827	217			1,044
59 01	OUTREACH CLINIC	752,411	17,308	735,103			752,411
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60 01	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	480,754	100,000	380,754			480,754
60 02	OB-PEDS CLINIC	155,990	25,839	130,151			155,990
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS	542,639	24,850	517,789			542,639
60 05	CHILD HEALTH CTR						
61	EMERGENCY	10,542,335	1,416,140	9,126,195			10,542,335
61 01	DIAGNOSTIC TREATMENT CENT	4,189,403	540,199	3,649,204			4,189,403
62	OBSERVATION BEDS (NON-DIS	5,343,491	841,509	4,501,982			5,343,491
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	3,008,212	74,081	2,934,131			3,008,212
66	DURABLE MEDICAL EQUIP-REN	166,096	47,924	118,172			166,096
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	200,567,064	17,938,876	182,628,188			200,567,064
102	LESS OBSERVATION BEDS	5,343,491	841,509	4,501,982			5,343,491
103	TOTAL	195,223,573	17,097,367	178,126,206			195,223,573

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	89,367,016	.434132	.434132
38	RECOVERY ROOM	17,469,971	.251261	.251261
39	DELIVERY ROOM & LABOR ROO	3,693,433	1.156431	1.156431
40	ANESTHESIOLOGY	5,836,827	.034770	.034770
41	RADIOLOGY-DIAGNOSTIC	38,720,081	.264606	.264606
41 01	CAT SCAN	42,592,143	.080719	.080719
41 02	DIAGNOSTIC ULTRASOUND	4,318,473	.276662	.276662
41 03	NUCLEAR MEDICINE	15,926,213	.182926	.182926
42	RADIOLOGY-THERAPEUTIC	14,823,341	.215344	.215344
43	RADIOISOTOPE			
44	LABORATORY	56,581,511	.205630	.205630
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING	454,100	8.119747	8.119747
48	INTRAVENOUS THERAPY	4,461,344	.803569	.803569
49	RESPIRATORY THERAPY	30,619,074	.163975	.163975
50	PHYSICAL THERAPY	17,724,028	.348984	.348984
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	4,514,332	.583981	.583981
53 01	CARDIAC CATHETERIZATION L	28,704,084	.264346	.264346
53 02	CARDIOPULMONARY	320,979	3.129806	3.129806
53 03	ELECTROCONVULSIVE THERAPY	646,665	1.378941	1.378941
54	ELECTROENCEPHALOGRAPHY	3,217,872	.343195	.343195
55	MEDICAL SUPPLIES CHARGED	127,323,048	.285191	.285191
56	DRUGS CHARGED TO PATIENTS	66,987,764	.368461	.368461
57	RENAL DIALYSIS	1,620,329	1.486337	1.486337
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	630	1.657143	1.657143
59 01	OUTREACH CLINIC	1,261,254	.596558	.596558
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRAC	38,329	12.542827	12.542827
60 02	OB-PEDS CLINIC	3,307	47.169640	47.169640
60 03	ORTHOPEDIC SVC			
60 04	BARIIATRICS	239,642	2.264374	2.264374
60 05	CHILD HEALTH CTR			
61	EMERGENCY	51,440,181	.204944	.204944
61 01	DIAGNOSTIC TREATMENT CENT	6,459,213	.648593	.648593
62	OBSERVATION BEDS (NON-DIS	6,109,467	.874625	.874625
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	4,535,664	.663235	.663235
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	646,010,315		
102	LESS OBSERVATION BEDS	6,109,467		
103	TOTAL	639,900,848		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	38,797,106	3,103,224	35,693,882	310,322	2,070,245	36,416,539
39	RECOVERY ROOM	4,389,515	437,962	3,951,553	43,796	229,190	4,116,529
40	DELIVERY ROOM & LABOR ROO	4,271,202	702,865	3,568,337	70,287	206,964	3,993,951
41	ANESTHESIOLOGY	202,946	24,576	178,370	2,458	10,345	190,143
41	RADIOLOGY-DIAGNOSTIC	10,245,572	1,942,225	8,303,347	194,223	481,594	9,569,755
41	01 CAT SCAN	3,437,996	1,454,663	1,983,333	145,466	115,033	3,177,497
41	02 DIAGNOSTIC ULTRASOUND	1,194,758	194,540	1,000,218	19,454	58,013	1,117,291
41	03 NUCLEAR MEDICINE	2,913,317	476,291	2,437,026	47,629	141,348	2,724,340
42	RADIOLOGY-THERAPEUTIC	3,192,121	655,323	2,536,798	65,532	147,134	2,979,455
43	RADIOISOTOPE						
44	LABORATORY	11,634,846	916,818	10,718,028	91,682	621,646	10,921,518
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	3,687,177	159,546	3,527,631	15,955	204,603	3,466,619
48	INTRAVENOUS THERAPY	3,584,999	128,318	3,456,681	12,832	200,487	3,371,680
49	RESPIRATORY THERAPY	5,020,765	318,808	4,701,957	31,881	272,714	4,716,170
50	PHYSICAL THERAPY	6,185,398	361,312	5,824,086	36,131	337,797	5,811,470
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,636,285	218,625	2,417,660	21,863	140,224	2,474,198
53	01 CARDIAC CATHETERIZATION L	7,587,822	1,628,591	5,959,231	162,859	345,635	7,079,328
53	02 CARDIOPULMONARY	1,004,602	67,292	937,310	6,729	54,364	943,509
53	03 ELECTROCONVULSIVE THERAPY	891,713	31,072	860,641	3,107	49,917	838,689
54	ELECTROENCEPHALOGRAPHY	1,104,358	82,386	1,021,972	8,239	59,274	1,036,845
55	MEDICAL SUPPLIES CHARGED	36,311,424	1,200,232	35,111,192	120,023	2,036,449	34,154,952
56	DRUGS CHARGED TO PATIENTS	24,682,412	668,507	24,013,905	66,851	1,392,806	23,222,755
57	RENAL DIALYSIS	2,408,355	77,023	2,331,332	7,702	135,217	2,265,436
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1,044	827	217	83	13	948
59	01 OUTREACH CLINIC	752,411	17,308	735,103	1,731	42,636	708,044
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC	480,754	100,000	380,754	10,000	22,084	448,670
60	02 OB-PEDS CLINIC	155,990	25,839	130,151	2,584	7,549	145,857
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS	542,639	24,850	517,789	2,485	30,032	510,122
60	05 CHILD HEALTH CTR						
61	EMERGENCY	10,542,335	1,416,140	9,126,195	141,614	529,319	9,871,402
61	01 DIAGNOSTIC TREATMENT CENT	4,189,403	540,199	3,649,204	54,020	211,654	3,923,729
62	OBSERVATION BEDS (NON-DIS	5,343,491	841,509	4,501,982	84,151	261,115	4,998,225
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	3,008,212	74,081	2,934,131	7,408	170,180	2,830,624
66	DURABLE MEDICAL EQUIP-REN	166,096	47,924	118,172	4,792	6,854	154,450
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	200,567,064	17,938,876	182,628,188	1,793,889	10,592,435	188,180,740
102	LESS OBSERVATION BEDS	5,343,491	841,509	4,501,982	84,151	261,115	4,998,225
103	TOTAL	195,223,573	17,097,367	178,126,206	1,709,738	10,331,320	183,182,515

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	89,367,016	.407494	.430660
39	RECOVERY ROOM	17,469,971	.235635	.248754
40	DELIVERY ROOM & LABOR ROO	3,693,433	1.081365	1.137401
41	ANESTHESIOLOGY	5,836,827	.032576	.034349
41	RADIOLOGY-DIAGNOSTIC	38,720,081	.247152	.259590
41 01	CAT SCAN	42,592,143	.074603	.077304
41 02	DIAGNOSTIC ULTRASOUND	4,318,473	.258724	.272157
41 03	NUCLEAR MEDICINE	15,926,213	.171060	.179935
42	RADIOLOGY-THERAPEUTIC	14,823,341	.200998	.210923
43	RADIOISOTOPE			
44	LABORATORY	56,581,511	.193023	.204009
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING	454,100	7.634043	8.084611
48	INTRAVENOUS THERAPY	4,461,344	.755754	.800693
49	RESPIRATORY THERAPY	30,619,074	.154027	.162934
50	PHYSICAL THERAPY	17,724,028	.327887	.346945
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	4,514,332	.548076	.579138
53 01	CARDIAC CATHETERIZATION L	28,704,084	.246631	.258673
53 02	CARDIOPULMONARY	320,979	2.939473	3.108842
53 03	ELECTROCONVULSIVE THERAPY	646,665	1.296945	1.374137
54	ELECTROENCEPHALOGRAPHY	3,217,872	.322214	.340635
55	MEDICAL SUPPLIES CHARGED	127,323,048	.268254	.284249
56	DRUGS CHARGED TO PATIENTS	66,987,764	.346672	.367464
57	RENAL DIALYSIS	1,620,329	1.398133	1.481584
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	630	1.504762	1.525397
59 01	OUTREACH CLINIC	1,261,254	.561381	.595185
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRAC	38,329	11.705758	12.281928
60 02	OB-PEDS CLINIC	3,307	44.105534	46.388267
60 03	ORTHOPEDIC SVC			
60 04	BARIATRICS	239,642	2.128684	2.254004
60 05	CHILD HEALTH CTR			
61	EMERGENCY	51,440,181	.191901	.202191
61 01	DIAGNOSTIC TREATMENT CENT	6,459,213	.607462	.640230
62	OBSERVATION BEDS (NON-DIS	6,109,467	.818111	.860851
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	4,535,664	.624082	.661602
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	646,010,315		
102	LESS OBSERVATION BEDS	6,109,467		
103	TOTAL	639,900,848		

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I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0100 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART I

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PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	982,011		982,011	4,414,436		4,414,436
26	INTENSIVE CARE UNIT	234,171		234,171	1,144,806		1,144,806
26 01	PEDIATRIC ICU	2,343		2,343	20,597		20,597
26 02	NEONATAL ICU	96,563		96,563	512,480		512,480
27	CORONARY CARE UNIT	34,827		34,827	184,166		184,166
31	SUBPROVIDER	14,020		14,020	77,518		77,518
31 01	SUBPROVIDER 2	42,421		42,421	248,279		248,279
33	NURSERY	2,478		2,478	16,697		16,697
101	TOTAL	1,408,834		1,408,834	6,618,979		6,618,979

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	62,750	26,225	15.65	410,421	70.35	1,844,929
26	ADULTS & PEDIATRICS	12,310	7,114	19.02	135,308	93.00	661,602
26 01	INTENSIVE CARE UNIT						
26 02	PEDIATRIC ICU	10,515		9.18		48.74	
27	NEONATAL ICU	1,544	843	22.56	19,018	119.28	100,553
31	CORONARY CARE UNIT	2,611	776	5.37	4,167	29.69	23,039
31 01	SUBPROVIDER	8,219	5,973	5.16	30,821	30.21	180,444
33	SUBPROVIDER 2	2,742		.90		6.09	
101	NURSERY						
	TOTAL	100,691	40,931		599,735		2,810,567

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	236,804	2,866,420	89,367,016	20,398,674	.002650	54,056
38	RECOVERY ROOM	84,900	353,062	17,469,971	1,846,475	.004860	8,974
39	DELIVERY ROOM & LABOR ROO	136,747	566,118	3,693,433	21,676	.037024	803
40	ANESTHESIOLOGY	1,293	23,283	5,836,827	1,032,629	.000222	229
41	RADIOLOGY-DIAGNOSTIC	144,958	1,797,267	38,720,081	5,897,599	.003744	22,081
41 01	CAT SCAN	29,274	1,425,389	42,592,143	6,454,138	.000687	4,434
41 02	DIAGNOSTIC ULTRASOUND	6,871	187,669	4,318,473	387,882	.001591	617
41 03	NUCLEAR MEDICINE	27,158	449,133	15,926,213	2,298,356	.001705	3,919
42	RADIOLOGY-THERAPEUTIC	6,900	648,423	14,823,341	454,680	.000465	211
43	RADIOISOTOPE						
44	LABORATORY	105,459	811,359	56,581,511	14,386,128	.001864	26,816
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	16,454	143,092	454,100	30,883	.036234	1,119
48	INTRAVENOUS THERAPY	13,895	114,423	4,461,344	1,167,555	.003115	3,637
49	RESPIRATORY THERAPY	26,735	292,073	30,619,074	9,904,450	.000873	8,647
50	PHYSICAL THERAPY	55,202	306,110	17,724,028	4,260,392	.003115	13,271
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,731	191,894	4,514,332	1,233,441	.005921	7,303
53 01	CARDIAC CATHETERIZATION L	93,123	1,535,468	28,704,084	8,532,604	.003244	27,680
53 02	CARDIOPULMONARY	7,471	59,821	320,979	11,200	.023276	261
53 03	ELECTROCONVULSIVE THERAPY	4,195	26,877	646,665		.006487	
54	ELECTROENCEPHALOGRAPHY	8,144	74,242	3,217,872	114,855	.002531	291
55	MEDICAL SUPPLIES CHARGED	159,103	1,041,129	127,323,048	40,626,720	.001250	50,783
56	DRUGS CHARGED TO PATIENTS	73,599	594,908	66,987,764	20,961,883	.001099	23,037
57	RENAL DIALYSIS	6,414	70,609	1,620,329	14,825	.003958	59
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1	826	630		.001587	
59 01	OUTREACH CLINIC	1,514	15,794	1,261,254	6,764	.001200	8
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60 01	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	14,266	85,734	38,329		.372199	
60 02	OB-PEDS CLINIC	5,058	20,781	3,307		1.529483	
60 03	ORTHOPEDIC SVC						
60 04	BARIIATRICS	947	23,903	239,642		.003952	
60 05	CHILD HEALTH CTR						
61	EMERGENCY	265,932	1,150,208	51,440,181	5,899,583	.005170	30,501
61 01	DIAGNOSTIC TREATMENT CENT	74,271	465,928	6,459,213	1,346,556	.011498	15,483
62	OBSERVATION BEDS (NON-DIS	153,134	688,375	6,109,467	58,155	.025065	1,458
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	9,052	38,872				
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,795,605	16,069,190	641,474,651	147,348,103		305,678

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2008	I	PART II
I	15-0100	I		I	

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.032075	654,287
38	RECOVERY ROOM	.020210	37,317
39	DELIVERY ROOM & LABOR ROO	.153277	3,322
40	ANESTHESIOLOGY	.003989	4,119
41	RADIOLOGY-DIAGNOSTIC	.046417	273,749
41 01	CAT SCAN	.033466	215,994
41 02	DIAGNOSTIC ULTRASOUND	.043457	16,856
41 03	NUCLEAR MEDICINE	.028201	64,816
42	RADIOLOGY-THERAPEUTIC	.043743	19,889
43	RADIOISOTOPE		
44	LABORATORY	.014340	206,297
45	PBP CLINICAL LAB SERVICES		
47	BLOOD STORING, PROCESSING	.315111	9,732
48	INTRAVENOUS THERAPY	.025648	29,945
49	RESPIRATORY THERAPY	.009539	94,479
50	PHYSICAL THERAPY	.017271	73,581
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.042508	52,431
53 01	CARDIAC CATHETERIZATION L	.053493	456,435
53 02	CARDIOPULMONARY	.186370	2,087
53 03	ELECTROCONVULSIVE THERAPY	.041562	
54	ELECTROENCEPHALOGRAPHY	.023072	2,650
55	MEDICAL SUPPLIES CHARGED	.008177	332,205
56	DRUGS CHARGED TO PATIENTS	.008881	186,162
57	RENAL DIALYSIS	.043577	646
58	ASC (NON-DISTINCT PART)		
59	PSYCHIATRIC/PSYCHOLOGICAL	1.311111	
59 01	OUTREACH CLINIC	.012522	85
59 02	ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	SENIOR HEALTH/FAMILY PRAC	2.236792	
60 02	OB-PEDS CLINIC	6.283943	
60 03	ORTHOPEDIC SVC		
60 04	BARIATRICS	.099745	
60 05	CHILD HEALTH CTR		
61	EMERGENCY	.022360	131,915
61 01	DIAGNOSTIC TREATMENT CENT	.072134	97,132
62	OBSERVATION BEDS (NON-DIS	.112673	6,552
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,972,683

Health Financial Systems	MCRIF32	FOR ST. MARY'S MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(11/1998)		
		I	PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
APPORTIONMENT OF INPATIENT ROUTINE		I	15-0100	I FROM 7/ 1/2007	I WORKSHEET D
SERVICE OTHER PASS THROUGH COSTS		I		I TO 6/30/2008	I PART III
TITLE XVIII, PART A			PPS		

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	SWING BED	TOTAL
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	ADJ AMOUNT	COSTS
		1	2	2.01	2.02	3	4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
26	01 PEDIATRIC ICU						
26	02 NEONATAL ICU						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL						

Health Financial Systems	MCRIF32	FOR ST. MARY'S MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(11/1998)	
		I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
APPORTIONMENT OF INPATIENT ROUTINE		I 15-0100	I FROM 7/ 1/2007	I WORKSHEET D
SERVICE OTHER PASS THROUGH COSTS		I	I TO 6/30/2008	I PART III
TITLE XVIII, PART A				

WKST A	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	INPAT PROG
LINE NO.		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	62,750		26,225	
26	INTENSIVE CARE UNIT	12,310		7,114	
26 01	PEDIATRIC ICU				
26 02	NEONATAL ICU	10,515			
27	CORONARY CARE UNIT	1,544		843	
31	SUBPROVIDER	2,611		776	
31 01	SUBPROVIDER 2	8,219		5,973	
33	NURSERY	2,742			
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	100,691		40,931	

TITLE XVIII, PART A	HOSPITAL	PPS
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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN					113,738	
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC						
59 02	ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC						
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL					113,738	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			89,367,016			20,398,674	
38	RECOVERY ROOM			17,469,971			1,846,475	
39	DELIVERY ROOM & LABOR ROO			3,693,433			21,676	
40	ANESTHESIOLOGY			5,836,827			1,032,629	
41	RADIOLOGY-DIAGNOSTIC	113,738	113,738	38,720,081	.002937	.002937	5,897,599	17,321
41 01	CAT SCAN			42,592,143			6,454,138	
41 02	DIAGNOSTIC ULTRASOUND			4,318,473			387,882	
41 03	NUCLEAR MEDICINE			15,926,213			2,298,356	
42	RADIOLOGY-THERAPEUTIC			14,823,341			454,680	
43	RADIOISOTOPE							
44	LABORATORY			56,581,511			14,386,128	
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING			454,100			30,883	
48	INTRAVENOUS THERAPY			4,461,344			1,167,555	
49	RESPIRATORY THERAPY			30,619,074			9,904,450	
50	PHYSICAL THERAPY			17,724,028			4,260,392	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			4,514,332			1,233,441	
53 01	CARDIAC CATHETERIZATION L			28,704,084			8,532,604	
53 02	CARDIOPULMONARY			320,979			11,200	
53 03	ELECTROCONVULSIVE THERAPY			646,665				
54	ELECTROENCEPHALOGRAPHY			3,217,872			114,855	
55	MEDICAL SUPPLIES CHARGED			127,323,048			40,626,720	
56	DRUGS CHARGED TO PATIENTS			66,987,764			20,961,883	
57	RENAL DIALYSIS			1,620,329			14,825	
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			630				
59 01	OUTREACH CLINIC			1,261,254			6,764	
59 02	ACUPUNCTURE							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	SENIOR HEALTH/FAMILY PRAC			38,329				
60 02	OB-PEDS CLINIC			3,307				
60 03	ORTHOPEDIC SVC							
60 04	BARIIATRICS			239,642				
60 05	CHILD HEALTH CTR							
61	EMERGENCY			51,440,181			5,899,583	
61 01	DIAGNOSTIC TREATMENT CENT			6,459,213			1,346,556	
62	OBSERVATION BEDS (NON-DIS			6,109,467			58,155	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	113,738	113,738	641,474,651			147,348,103	17,321

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,335,307					
38	RECOVERY ROOM	4,563,464					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	855,573					
41	RADIOLOGY-DIAGNOSTIC	7,661,543			22,502		
41 01	CAT SCAN	8,231,297					
41 02	DIAGNOSTIC ULTRASOUND	443,757					
41 03	NUCLEAR MEDICINE	4,430,687					
42	RADIOLOGY-THERAPEUTIC	6,065,803					
43	RADIOISOTOPE						
44	LABORATORY	1,300,866					
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	243,763					
48	INTRAVENOUS THERAPY	943,243					
49	RESPIRATORY THERAPY	2,250,735					
50	PHYSICAL THERAPY	24,830					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	639,975					
53 01	CARDIAC CATHETERIZATION L	3,794,652					
53 02	CARDIOPULMONARY	1,904					
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY	676,406					
55	MEDICAL SUPPLIES CHARGED	12,106,906					
56	DRUGS CHARGED TO PATIENTS	7,291,915					
57	RENAL DIALYSIS	8,603					
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC	293,967					
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60 01	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	13,390					
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BIARIATRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY	5,432,980					
61 01	DIAGNOSTIC TREATMENT CENT	1,316,782					
62	OBSERVATION BEDS (NON-DIS	1,631,362					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	85,559,710			22,502		

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		15,335,307			
38 RECOVERY ROOM		4,563,464			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		855,573			
41 RADIOLOGY-DIAGNOSTIC		7,661,543			
41 01 CAT SCAN		8,231,297			
41 02 DIAGNOSTIC ULTRASOUND		443,757			
41 03 NUCLEAR MEDICINE		4,430,687			
42 RADIOLOGY-THERAPEUTIC		6,065,803			
43 RADIOISOTOPE					
44 LABORATORY		1,300,866			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.		243,763			
48 INTRAVENOUS THERAPY		943,243			
49 RESPIRATORY THERAPY		2,250,735			
50 PHYSICAL THERAPY		24,830			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		639,975			
53 01 CARDIAC CATHETERIZATION LABORATORY		3,794,652			
53 02 CARDIOPULMONARY		1,904			
53 03 ELECTROCONVULSIVE THERAPY					
54 ELECTROENCEPHALOGRAPHY		676,406			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,106,906	8,245		
56 DRUGS CHARGED TO PATIENTS		7,291,915			
57 RENAL DIALYSIS		8,603			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC		293,967			
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE		13,390			
60 02 OB-PEDS CLINIC					
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY		5,432,980			
61 01 DIAGNOSTIC TREATMENT CENTER		1,316,782			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,631,362			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		85,559,710	8,245		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
103 PROGRAM ONLY CHARGES					
104 NET CHARGES		85,559,710	8,245		

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				6,657,547	
38	RECOVERY ROOM				1,146,621	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				29,748	
41	RADIOLOGY-DIAGNOSTIC				2,027,290	
41 01	CAT SCAN				664,422	
41 02	DIAGNOSTIC ULTRASOUND				122,771	
41 03	NUCLEAR MEDICINE				810,488	
42	RADIOLOGY-THERAPEUTIC				1,306,234	
43	RADIOISOTOPE					
44	LABORATORY				267,497	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
47	BLOOD STORING, PROCESSING & TRANS.				1,979,294	
48	INTRAVENOUS THERAPY				757,961	
49	RESPIRATORY THERAPY				369,064	
50	PHYSICAL THERAPY				8,665	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				373,733	
53 01	CARDIAC CATHETERIZATION LABORATORY				1,003,101	
53 02	CARDIOPULMONARY				5,959	
53 03	ELECTROCONVULSIVE THERAPY					
54	ELECTROENCEPHALOGRAPHY				232,139	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,452,781	2,351
56	DRUGS CHARGED TO PATIENTS				2,686,786	
57	RENAL DIALYSIS				12,787	
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01	OUTREACH CLINIC				175,368	
59 02	ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	SENIOR HEALTH/FAMILY PRACTICE				167,948	
60 02	OB-PEDS CLINIC					
60 03	ORTHOPEDIC SVC					
60 04	BARIATRICS					
60 05	CHILD HEALTH CTR					
61	EMERGENCY				1,113,457	
61 01	DIAGNOSTIC TREATMENT CENTER				854,056	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,426,830	
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				27,652,547	2,351
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				27,652,547	2,351

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description
 (A) ANCILLARY SRVC COST CNTRS
 37 OPERATING ROOM
 38 RECOVERY ROOM
 39 DELIVERY ROOM & LABOR ROOM
 40 ANESTHESIOLOGY
 41 RADIOLOGY-DIAGNOSTIC
 41 01 CAT SCAN
 41 02 DIAGNOSTIC ULTRASOUND
 41 03 NUCLEAR MEDICINE
 42 RADIOLOGY-THERAPEUTIC
 43 RADIOISOTOPE
 44 LABORATORY
 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
 47 BLOOD STORING, PROCESSING & TRANS.
 48 INTRAVENOUS THERAPY
 49 RESPIRATORY THERAPY
 50 PHYSICAL THERAPY
 51 OCCUPATIONAL THERAPY
 52 SPEECH PATHOLOGY
 53 ELECTROCARDIOLOGY
 53 01 CARDIAC CATHETERIZATION LABORATORY
 53 02 CARDIOPULMONARY
 53 03 ELECTROCONVULSIVE THERAPY
 54 ELECTROENCEPHALOGRAPHY
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
 56 DRUGS CHARGED TO PATIENTS
 57 RENAL DIALYSIS
 58 ASC (NON-DISTINCT PART)
 59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
 59 01 OUTREACH CLINIC
 59 02 ACUPUNCTURE
 60 OUTPAT SERVICE COST CNTRS
 60 CLINIC
 60 01 SENIOR HEALTH/FAMILY PRACTICE
 60 02 OB-PEDS CLINIC
 60 03 ORTHOPEDIC SVC
 60 04 BARIATRICS
 60 05 CHILD HEALTH CTR
 61 EMERGENCY
 61 01 DIAGNOSTIC TREATMENT CENTER
 62 OBSERVATION BEDS (NON-DISTINCT PART)
 64 OTHER REIMBURS COST CNTRS
 64 HOME PROGRAM DIALYSIS
 65 AMBULANCE SERVICES
 66 DURABLE MEDICAL EQUIP-RENTED
 67 DURABLE MEDICAL EQUIP-SOLD
 101 SUBTOTAL
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 PROGRAM ONLY CHARGES
 104 NET CHARGES

9.03

10

11

Health Financial systems MCRIF32 FOR ST. MARY'S MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0100

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 11/24/2008

WORKSHEET D

PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.368461
3	PROGRAM COSTS	2,744
		1,011

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	236,804	2,866,420	89,367,016		.002650	
39	RECOVERY ROOM	84,900	353,062	17,469,971	40,908	.004860	199
40	DELIVERY ROOM & LABOR ROO	136,747	566,118	3,693,433		.037024	
41	ANESTHESIOLOGY	1,293	23,283	5,836,827		.000222	
41	RADIOLOGY-DIAGNOSTIC	144,958	1,797,267	38,720,081	5,999	.003744	22
41	01 CAT SCAN	29,274	1,425,389	42,592,143	21,373	.000687	15
41	02 DIAGNOSTIC ULTRASOUND	6,871	187,669	4,318,473	1,485	.001591	2
41	03 NUCLEAR MEDICINE	27,158	449,133	15,926,213	15,489	.001705	26
42	RADIOLOGY-THERAPEUTIC	6,900	648,423	14,823,341		.000465	
43	RADIOISOTOPE						
44	LABORATORY	105,459	811,359	56,581,511	69,669	.001864	130
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	16,454	143,092	454,100		.036234	
48	INTRAVENOUS THERAPY	13,895	114,423	4,461,344	3,110	.003115	10
49	RESPIRATORY THERAPY	26,735	292,073	30,619,074	6,241	.000873	5
50	PHYSICAL THERAPY	55,202	306,110	17,724,028	24,508	.003115	76
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,731	191,894	4,514,332	4,096	.005921	24
53	01 CARDIAC CATHETERIZATION L	93,123	1,535,468	28,704,084	2,400	.003244	8
53	02 CARDIOPULMONARY	7,471	59,821	320,979		.023276	
53	03 ELECTROCONVULSIVE THERAPY	4,195	26,877	646,665		.006487	
54	ELECTROENCEPHALOGRAPHY	8,144	74,242	3,217,872		.002531	
55	MEDICAL SUPPLIES CHARGED	159,103	1,041,129	127,323,048	16,342	.001250	20
56	DRUGS CHARGED TO PATIENTS	73,599	594,908	66,987,764	136,223	.001099	150
57	RENAL DIALYSIS	6,414	70,609	1,620,329		.003958	
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1	826	630		.001587	
59	01 OUTREACH CLINIC	1,514	15,794	1,261,254	67,936	.001200	82
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC	14,266	85,734	38,329		.372199	
60	02 OB-PEDS CLINIC	5,058	20,781	3,307		1.529483	
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS	947	23,903	239,642		.003952	
60	05 CHILD HEALTH CTR						
61	EMERGENCY	265,932	1,150,208	51,440,181	38,879	.005170	201
61	01 DIAGNOSTIC TREATMENT CENT	74,271	465,928	6,459,213		.011498	
62	OBSERVATION BEDS (NON-DIS	153,134	688,375	6,109,467		.025065	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	9,052	38,872				
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,795,605	16,069,190	641,474,651	454,658		970

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-S100 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.032075	
38	RECOVERY ROOM	.020210	827
39	DELIVERY ROOM & LABOR ROO	.153277	
40	ANESTHESIOLOGY	.003989	
41	RADIOLOGY-DIAGNOSTIC	.046417	278
41 01	CAT SCAN	.033466	715
41 02	DIAGNOSTIC ULTRASOUND	.043457	65
41 03	NUCLEAR MEDICINE	.028201	437
42	RADIOLOGY-THERAPEUTIC	.043743	
43	RADIOISOTOPE		
44	LABORATORY	.014340	999
45	PBP CLINICAL LAB SERVICES		
47	BLOOD STORING, PROCESSING	.315111	
48	INTRAVENOUS THERAPY	.025648	80
49	RESPIRATORY THERAPY	.009539	60
50	PHYSICAL THERAPY	.017271	423
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.042508	174
53 01	CARDIAC CATHETERIZATION L	.053493	128
53 02	CARDIOPULMONARY	.186370	
53 03	ELECTROCONVULSIVE THERAPY	.041562	
54	ELECTROENCEPHALOGRAPHY	.023072	
55	MEDICAL SUPPLIES CHARGED	.008177	134
56	DRUGS CHARGED TO PATIENTS	.008881	1,210
57	RENAL DIALYSIS	.043577	
58	ASC (NON-DISTINCT PART)		
59	PSYCHIATRIC/PSYCHOLOGICAL	1.311111	
59 01	OUTREACH CLINIC	.012522	851
59 02	ACUPUNCTURE		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	SENIOR HEALTH/FAMILY PRAC	2.236792	
60 02	OB-PEDS CLINIC	6.283943	
60 03	ORTHOPEDIC SVC		
60 04	BARIATRICS	.099745	
60 05	CHILD HEALTH CTR		
61	EMERGENCY	.022360	869
61 01	DIAGNOSTIC TREATMENT CENT	.072134	
62	OBSERVATION BEDS (NON-DIS	.112673	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		7,250

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	CAT SCAN			113,738		
41 02	DIAGNOSTIC ULTRASOUND					
41 03	NUCLEAR MEDICINE					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHETERIZATION L					
53 02	CARDIOPULMONARY					
53 03	ELECTROCONVULSIVE THERAPY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL					
59 01	OUTREACH CLINIC					
59 02	ACUPUNCTURE					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	SENIOR HEALTH/FAMILY PRAC					
60 02	OB-PEDS CLINIC					
60 03	ORTHOPEDIC SVC					
60 04	BARIATRICS					
60 05	CHILD HEALTH CTR					
61	EMERGENCY					
61 01	DIAGNOSTIC TREATMENT CENT					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL			113,738		

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA					
WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST O/P RATIO OF	INPUT PROG	INPUT PROG		
LINE NO.		COSTS	COSTS	CHARGES	TO CHARGES CST TO CHARGES	CHARGE	PASS THRU COST		
		3	3.01	4	5	6	7		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			89,367,016					
38	RECOVERY ROOM			17,469,971		40,908			
39	DELIVERY ROOM & LABOR ROO			3,693,433					
40	ANESTHESIOLOGY			5,836,827					
41	RADIOLOGY-DIAGNOSTIC	113,738	113,738	38,720,081	.002937	5,999	18		
41 01	CAT SCAN			42,592,143		21,373			
41 02	DIAGNOSTIC ULTRASOUND			4,318,473		1,485			
41 03	NUCLEAR MEDICINE			15,926,213		15,489			
42	RADIOLOGY-THERAPEUTIC			14,823,341					
43	RADIOISOTOPE								
44	LABORATORY			56,581,511		69,669			
45	PBP CLINICAL LAB SERVICES								
47	BLOOD STORING, PROCESSING			454,100					
48	INTRAVENOUS THERAPY			4,461,344		3,110			
49	RESPIRATORY THERAPY			30,619,074		6,241			
50	PHYSICAL THERAPY			17,724,028		24,508			
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY			4,514,332		4,096			
53 01	CARDIAC CATHETERIZATION L			28,704,084		2,400			
53 02	CARDIOPULMONARY			320,979					
53 03	ELECTROCONVULSIVE THERAPY			646,665					
54	ELECTROENCEPHALOGRAPHY			3,217,872					
55	MEDICAL SUPPLIES CHARGED			127,323,048		16,342			
56	DRUGS CHARGED TO PATIENTS			66,987,764		136,223			
57	RENAL DIALYSIS			1,620,329					
58	ASC (NON-DISTINCT PART)								
59	PSYCHIATRIC/PSYCHOLOGICAL			630					
59 01	OUTREACH CLINIC			1,261,254		67,936			
59 02	ACUPUNCTURE								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60 01	SENIOR HEALTH/FAMILY PRAC			38,329					
60 02	OB-PEDS CLINIC			3,307					
60 03	ORTHOPEDIC SVC								
60 04	BARIATRICS			239,642					
60 05	CHILD HEALTH CTR								
61	EMERGENCY			51,440,181		38,879			
61 01	DIAGNOSTIC TREATMENT CENT			6,459,213					
62	OBSERVATION BEDS (NON-DIS			6,109,467					
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	113,738	113,738	641,474,651		454,658	18		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC						
59 02	ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC						
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0100 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-T100 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	236,804	2,866,420	89,367,016	261,437	.002650	693
39	RECOVERY ROOM	84,900	353,062	17,469,971	2,542	.004860	12
40	DELIVERY ROOM & LABOR ROO	136,747	566,118	3,693,433		.037024	
41	ANESTHESIOLOGY	1,293	23,283	5,836,827	1,618	.000222	
41	RADIOLOGY-DIAGNOSTIC	144,958	1,797,267	38,720,081	122,770	.003744	460
41 01	CAT SCAN	29,274	1,425,389	42,592,143	121,639	.000687	84
41 02	DIAGNOSTIC ULTRASOUND	6,871	187,669	4,318,473	96,085	.001591	153
41 03	NUCLEAR MEDICINE	27,158	449,133	15,926,213	18,700	.001705	32
42	RADIOLOGY-THERAPEUTIC	6,900	648,423	14,823,341	22,367	.000465	10
43	RADIOISOTOPE						
44	LABORATORY	105,459	811,359	56,581,511	665,495	.001864	1,240
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	16,454	143,092	454,100		.036234	
48	INTRAVENOUS THERAPY	13,895	114,423	4,461,344	8,860	.003115	28
49	RESPIRATORY THERAPY	26,735	292,073	30,619,074	257,405	.000873	225
50	PHYSICAL THERAPY	55,202	306,110	17,724,028	4,771,588	.003115	14,863
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,731	191,894	4,514,332	37,553	.005921	222
53 01	CARDIAC CATHETERIZATION L	93,123	1,535,468	28,704,084	4,080	.003244	13
53 02	CARDIOPULMONARY	7,471	59,821	320,979	336	.023276	8
53 03	ELECTROCONVULSIVE THERAPY	4,195	26,877	646,665		.006487	
54	ELECTROENCEPHALOGRAPHY	8,144	74,242	3,217,872	990	.002531	3
55	MEDICAL SUPPLIES CHARGED	159,103	1,041,129	127,323,048	308,823	.001250	386
56	DRUGS CHARGED TO PATIENTS	73,599	594,908	66,987,764	949,899	.001099	1,044
57	RENAL DIALYSIS	6,414	70,609	1,620,329		.003958	
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1	826	630		.001587	
59 01	OUTREACH CLINIC	1,514	15,794	1,261,254	198	.001200	
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	14,266	85,734	38,329		.372199	
60 02	OB-PEDS CLINIC	5,058	20,781	3,307		1.529483	
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS	947	23,903	239,642		.003952	
60 05	CHILD HEALTH CTR						
61	EMERGENCY	265,932	1,150,208	51,440,181	8,823	.005170	46
61 01	DIAGNOSTIC TREATMENT CENT	74,271	465,928	6,459,213	8,442	.011498	97
62	OBSERVATION BEDS (NON-DIS	153,134	688,375	6,109,467		.025065	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	9,052	38,872				
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,795,605	16,069,190	641,474,651	7,669,650		19,619

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2008	I	PART II
I	15-T100	I		I	

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.032075	8,386
38	RECOVERY ROOM	.020210	51
39	DELIVERY ROOM & LABOR ROO	.153277	
40	ANESTHESIOLOGY	.003989	6
41	RADIOLOGY-DIAGNOSTIC	.046417	5,699
41 01	CAT SCAN	.033466	4,071
41 02	DIAGNOSTIC ULTRASOUND	.043457	4,176
41 03	NUCLEAR MEDICINE	.028201	527
42	RADIOLOGY-THERAPEUTIC	.043743	978
43	RADIOISOTOPE		
44	LABORATORY	.014340	9,543
45	PBP CLINICAL LAB SERVICES		
47	BLOOD STORING, PROCESSING	.315111	
48	INTRAVENOUS THERAPY	.025648	227
49	RESPIRATORY THERAPY	.009539	2,455
50	PHYSICAL THERAPY	.017271	82,410
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.042508	1,596
53 01	CARDIAC CATHETERIZATION L	.053493	218
53 02	CARDIOPULMONARY	.186370	63
53 03	ELECTROCONVULSIVE THERAPY	.041562	
54	ELECTROENCEPHALOGRAPHY	.023072	23
55	MEDICAL SUPPLIES CHARGED	.008177	2,525
56	DRUGS CHARGED TO PATIENTS	.008881	8,436
57	RENAL DIALYSIS	.043577	
58	ASC (NON-DISTINCT PART)		
59	PSYCHIATRIC/PSYCHOLOGICAL	1.311111	
59 01	OUTREACH CLINIC	.012522	2
59 02	ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	SENIOR HEALTH/FAMILY PRAC	2.236792	
60 02	OB-PEDS CLINIC	6.283943	
60 03	ORTHOPEDIC SVC		
60 04	BARIATRICS	.099745	
60 05	CHILD HEALTH CTR		
61	EMERGENCY	.022360	197
61 01	DIAGNOSTIC TREATMENT CENT	.072134	609
62	OBSERVATION BEDS (NON-DIS	.112673	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		132,198

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	CAT SCAN			113,738		
41 02	DIAGNOSTIC ULTRASOUND					
41 03	NUCLEAR MEDICINE					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHETERIZATION I					
53 02	CARDIOPULMONARY					
53 03	ELECTROCONVULSIVE THERAPY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL					
59 01	OUTREACH CLINIC					
59 02	ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	SENIOR HEALTH/FAMILY PRAC					
60 02	OB-PEDS CLINIC					
60 03	ORTHOPEDIC SVC					
60 04	BARIATRICS					
60 05	CHILD HEALTH CTR					
61	EMERGENCY					
61 01	DIAGNOSTIC TREATMENT CENT					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL			113,738		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			89,367,016			261,437	
39	RECOVERY ROOM			17,469,971			2,542	
40	DELIVERY ROOM & LABOR ROO			3,693,433				
41	ANESTHESIOLOGY			5,836,827			1,618	
41	RADIOLOGY-DIAGNOSTIC	113,738	113,738	38,720,081	.002937	.002937	122,770	361
41 01	CAT SCAN			42,592,143			121,639	
41 02	DIAGNOSTIC ULTRASOUND			4,318,473			96,085	
41 03	NUCLEAR MEDICINE			15,926,213			18,700	
42	RADIOLOGY-THERAPEUTIC			14,823,341			22,367	
43	RADIOISOTOPE							
44	LABORATORY			56,581,511			665,495	
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING			454,100				
48	INTRAVENOUS THERAPY			4,461,344			8,860	
49	RESPIRATORY THERAPY			30,619,074			257,405	
50	PHYSICAL THERAPY			17,724,028			4,771,588	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			4,514,332			37,553	
53 01	CARDIAC CATHETERIZATION L			28,704,084			4,080	
53 02	CARDIOPULMONARY			320,979			336	
53 03	ELECTROCONVULSIVE THERAPY			646,665				
54	ELECTROENCEPHALOGRAPHY			3,217,872			990	
55	MEDICAL SUPPLIES CHARGED			127,323,048			308,823	
56	DRUGS CHARGED TO PATIENTS			66,987,764			949,899	
57	RENAL DIALYSIS			1,620,329				
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			630				
59 01	OUTREACH CLINIC			1,261,254			198	
59 02	ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	SENIOR HEALTH/FAMILY PRAC			38,329				
60 02	OB-PEDS CLINIC			3,307				
60 03	ORTHOPEDIC SVC							
60 04	BARIATRICS			239,642				
60 05	CHILD HEALTH CTR							
61	EMERGENCY			51,440,181			8,823	
61 01	DIAGNOSTIC TREATMENT CENT			6,459,213			8,442	
62	OBSERVATION BEDS (NON-DIS			6,109,467				
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	113,738	113,738	641,474,651			7,669,650	361

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC						
59 02	ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC						
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX - O/P		HOSPITAL					
		Cost/Charge Ratio (C. Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)	
Cost Center Description		1	2	3	4	5	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	.407494					1,550,798
38	RECOVERY ROOM	.235635					432,114
39	DELIVERY ROOM & LABOR ROOM	1.081365					11,641
40	ANESTHESIOLOGY	.032576					109,350
41	RADIOLOGY-DIAGNOSTIC	.247152					867,626
41 01	CAT SCAN	.074603					930,251
41 02	DIAGNOSTIC ULTRASOUND	.258724					102,356
41 03	NUCLEAR MEDICINE	.171060					367,126
42	RADIOLOGY-THERAPEUTIC	.200998					448,151
43	RADIOISOTOPE						
44	LABORATORY	.193023					849,641
45	PBP CLINICAL LAB SERVICES-PRGM ONLY						
47	BLOOD STORING, PROCESSING & TRANS.	7.634043					13,215
48	INTRAVENOUS THERAPY	.755754					79,350
49	RESPIRATORY THERAPY	.154027					233,435
50	PHYSICAL THERAPY	.327887					107,229
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	.548076					72,678
53 01	CARDIAC CATHETERIZATION LABORATORY	.246631					388,845
53 02	CARDIOPULMONARY	2.939473					9,246
53 03	ELECTROCONVULSIVE THERAPY	1.296945					18,039
54	ELECTROENCEPHALOGRAPHY	.322214					97,491
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.268254					1,197,817
56	DRUGS CHARGED TO PATIENTS	.346672					691,347
57	RENAL DIALYSIS	1.398133					4,452
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.504762					
59 01	OUTREACH CLINIC	.561381					30,398
59 02	ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRACTICE	11.705758					961
60 02	OB-PEDS CLINIC	44.105534					107
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS	2.128684					7,730
60 05	CHILD HEALTH CTR						
61	EMERGENCY	.191901					1,210,456
61 01	DIAGNOSTIC TREATMENT CENTER	.607462					128,364
62	OBSERVATION BEDS (NON-DISTINCT PART)	.818111					169,718
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	.624082					145,441
66	DURABLE MEDICAL EQUIP-RENTED						
67	DURABLE MEDICAL EQUIP-SOLD						
101	SUBTOTAL						10,275,373
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES						10,275,373

(A)	ANCILLARY SRVC COST CNTRS
37	OPERATING ROOM
38	RECOVERY ROOM
39	DELIVERY ROOM & LABOR ROOM
40	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC
41	01 CAT SCAN
41	02 DIAGNOSTIC ULTRASOUND
41	03 NUCLEAR MEDICINE
42	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE
44	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY
47	BLOOD STORING, PROCESSING & TRANS.
48	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY
50	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY
52	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY
53	01 CARDIAC CATHETERIZATION LABORATORY
53	02 CARDIOPULMONARY
53	03 ELECTROCONVULSIVE THERAPY
54	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS
57	RENAL DIALYSIS
58	ASC (NON-DISTINCT PART)
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59	01 OUTREACH CLINIC
59	02 ACUPUNCTURE
60	OUTPAT SERVICE COST CNTRS
60	CLINIC
60	01 SENIOR HEALTH/FAMILY PRACTICE
60	02 OB-PEDS CLINIC
60	03 ORTHOPEDIC SVC
60	04 BARIATRICS
60	05 CHILD HEALTH CTR
61	EMERGENCY
61	01 DIAGNOSTIC TREATMENT CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)
64	OTHER REIMBURS COST CNTRS
65	HOME PROGRAM DIALYSIS
66	AMBULANCE SERVICES
67	DURABLE MEDICAL EQUIP-RENTED
101	DURABLE MEDICAL EQUIP-SOLD
101	SUBTOTAL
102	CRNA CHARGES
103	LESS PBP CLINICAL LAB SVCS-
	PROGRAM ONLY CHARGES
104	NET CHARGES

TITLE XIX - O/P		HOSPITAL			
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		8	9	9.01	9.02
					9.03
(A)	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		631,941		
38	RECOVERY ROOM		101,821		
39	DELIVERY ROOM & LABOR ROOM		12,588		
40	ANESTHESIOLOGY		3,562		
41	RADIOLOGY-DIAGNOSTIC		214,436		
41 01	CAT SCAN		69,400		
41 02	DIAGNOSTIC ULTRASOUND		26,482		
41 03	NUCLEAR MEDICINE		62,801		
42	RADIOLOGY-THERAPEUTIC		90,077		
43	RADIOISOTOPE				
44	LABORATORY		164,000		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
47	BLOOD STORING, PROCESSING & TRANS.		100,884		
48	INTRAVENOUS THERAPY		59,969		
49	RESPIRATORY THERAPY		35,955		
50	PHYSICAL THERAPY		35,159		
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		39,833		
53 01	CARDIAC CATHETERIZATION LABORATORY		95,901		
53 02	CARDIOPULMONARY		27,178		
53 03	ELECTROCONVULSIVE THERAPY		23,396		
54	ELECTROENCEPHALOGRAPHY		31,413		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		321,319		
56	DRUGS CHARGED TO PATIENTS		239,671		
57	RENAL DIALYSIS		6,224		
58	ASC (NON-DISTINCT PART)				
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				
59 01	OUTREACH CLINIC		17,065		
59 02	ACUPUNCTURE				
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60 01	SENIOR HEALTH/FAMILY PRACTICE		11,249		
60 02	OB-PEDS CLINIC		4,719		
60 03	ORTHOPEDIC SVC				
60 04	BARIATRICS		16,455		
60 05	CHILD HEALTH CTR				
61	EMERGENCY		232,288		
61 01	DIAGNOSTIC TREATMENT CENTER		77,976		
62	OBSERVATION BEDS (NON-DISTINCT PART)		138,848		
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES		90,767		
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	SUBTOTAL		2,983,377		
102	CRNA CHARGES				
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES				
104	NET CHARGES		2,983,377		

TITLE XVIII PART A	HOSPITAL	PPS
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	62,750
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,750
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62,750
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	26,225
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	34,267,032
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	34,267,032

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28,680,944
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28,680,944
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.194767
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	457.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	34,267,032

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 546.09
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,321,210
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,321,210

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	12,575,970	12,310	1,021.61	7,114	7,267,734
43.01 PEDIATRIC ICU	290,434				
43.02 NEONATAL ICU	6,601,633	10,515	627.83		
44 CORONARY CARE UNIT	1,956,032	1,544	1,266.86	843	1,067,963
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					43,865,620
49 TOTAL PROGRAM INPATIENT COSTS					66,522,527

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,171,831
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 3,295,682
 52 TOTAL PROGRAM EXCLUDABLE COST 6,467,513
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 60,055,014

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A	HOSPITAL	PPS
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PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	9,785
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	546.09
85	OBSERVATION BED COST	5,343,491

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	982,011	34,267,032	.028658	5,343,491	153,134
87 NEW CAPITAL-RELATED COST	4,414,436	34,267,032	.128825	5,343,491	688,375
88 NON PHYSICIAN ANESTHETIST		34,267,032		5,343,491	
89 MEDICAL EDUCATION		34,267,032		5,343,491	
89.01 MEDICAL EDUCATION - ALLIED HEA		34,267,032		5,343,491	
89.02 MEDICAL EDUCATION - ALL OTHER		34,267,032		5,343,491	

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,611
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,611
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,611
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	776
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,701,637
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,701,637

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,719,423
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,719,423
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.625735
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,041.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,701,637

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	651.72
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	505,735
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	505,735

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
43.01	PEDIATRIC ICU				
43.02	NEONATAL ICU				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				149,612
49	TOTAL PROGRAM INPATIENT COSTS				655,347

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	27,206
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	8,238
52	TOTAL PROGRAM EXCLUDABLE COST	35,444
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	619,903

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	76
55	TARGET AMOUNT PER DISCHARGE	9,250.56
56	TARGET AMOUNT	703,043
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	83,140
58	BONUS PAYMENT	12,471
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	6,610.64
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	667,818
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A	SUBPROVIDER I	TEFRA
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PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

1

66

SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST

67

ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68

PROGRAM ROUTINE SERVICE COST

69

MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70

TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71

CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72

PER DIEM CAPITAL-RELATED COSTS

73

PROGRAM CAPITAL-RELATED COSTS

74

INPATIENT ROUTINE SERVICE COST

75

AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76

TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77

INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78

INPATIENT ROUTINE SERVICE COST LIMITATION

79

REASONABLE INPATIENT ROUTINE SERVICE COSTS

80

PROGRAM INPATIENT ANCILLARY SERVICES

81

UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82

TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83

TOTAL OBSERVATION BED DAYS

84

ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

651.72

85

OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	14,020	1,701,637	.008239		
87 NEW CAPITAL-RELATED COST	77,518	1,701,637	.045555		
88 NON PHYSICIAN ANESTHETIST		1,701,637			
89 MEDICAL EDUCATION		1,701,637			
89.01 MEDICAL EDUCATION - ALLIED HEA		1,701,637			
89.02 MEDICAL EDUCATION - ALL OTHER		1,701,637			

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,219
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,219
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,219
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,973
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,573,699
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,573,699

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,196,806
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,196,806
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.880098
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	632.29
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,573,699

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	556.48
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,323,855
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,323,855

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
43.01	PEDIATRIC ICU				
43.02	NEONATAL ICU				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				2,512,578
49	TOTAL PROGRAM INPATIENT COSTS				5,836,433

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	211,265
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	152,178
52	TOTAL PROGRAM EXCLUDABLE COST	363,443
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,472,990

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A	SUBPROVIDER II	PPS
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PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	556.48
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	42,421	4,573,699	.009275		
87 NEW CAPITAL-RELATED COST	248,279	4,573,699	.054284		
88 NON PHYSICIAN ANESTHETIST		4,573,699			
89 MEDICAL EDUCATION		4,573,699			
89.01 MEDICAL EDUCATION - ALLIED HEA		4,573,699			
89.02 MEDICAL EDUCATION - ALL OTHER		4,573,699			

TITLE XIX - I/P	HOSPITAL	OTHER
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	62,750
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,750
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62,750
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,900
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,742
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	34,717,953
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	34,717,953

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28,680,944
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28,680,944
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.210489
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	457.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	34,717,953

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST		
83	TOTAL OBSERVATION BED DAYS	9,785
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	553.27
85	OBSERVATION BED COST	5,413,747

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2008	I	
I	15-0100	I		I	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		17,077,313	
26	INTENSIVE CARE UNIT		8,472,736	
26	01 PEDIATRIC ICU			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT		1,260,323	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.434132	20,398,674	8,855,717
38	RECOVERY ROOM	.251261	1,846,475	463,947
39	DELIVERY ROOM & LABOR ROOM	1.156431	21,676	25,067
40	ANESTHESIOLOGY	.034770	1,032,629	35,905
41	RADIOLOGY-DIAGNOSTIC	.264606	5,897,599	1,560,540
41	01 CAT SCAN	.080719	6,454,138	520,972
41	02 DIAGNOSTIC ULTRASOUND	.276662	387,882	107,312
41	03 NUCLEAR MEDICINE	.182926	2,298,356	420,429
42	RADIOLOGY-THERAPEUTIC	.215344	454,680	97,913
43	RADIOISOTOPE			
44	LABORATORY	.205630	14,386,128	2,958,220
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	8.119747	30,883	250,762
48	INTRAVENOUS THERAPY	.803569	1,167,555	938,211
49	RESPIRATORY THERAPY	.163975	9,904,450	1,624,082
50	PHYSICAL THERAPY	.348984	4,260,392	1,486,809
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.583981	1,233,441	720,306
53	01 CARDIAC CATHETERIZATION LABORATORY	.264346	8,532,604	2,255,560
53	02 CARDIOPULMONARY	3.129806	11,200	35,054
53	03 ELECTROCONVULSIVE THERAPY	1.378941		
54	ELECTROENCEPHALOGRAPHY	.343195	114,855	39,418
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285191	40,626,720	11,586,375
56	DRUGS CHARGED TO PATIENTS	.368461	20,961,883	7,723,636
57	RENAL DIALYSIS	1.486337	14,825	22,035
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.657143		
59	01 OUTREACH CLINIC	.596558	6,764	4,035
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	12.542827		
60	02 OB-PEDS CLINIC	47.169640		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS	2.264374		
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.204944	5,899,583	1,209,084
61	01 DIAGNOSTIC TREATMENT CENTER	.648593	1,346,556	873,367
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874625	58,155	50,864
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		147,348,103	43,865,620
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		147,348,103	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2008	I	
I	15-S100	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	01 INTENSIVE CARE UNIT			
26	02 PEDIATRIC ICU			
27	02 NEONATAL ICU			
31	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		814,327	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.434132		
39	RECOVERY ROOM	.251261	40,908	10,279
40	DELIVERY ROOM & LABOR ROOM	1.156431		
41	ANESTHESIOLOGY	.034770		
41	01 RADIOLOGY-DIAGNOSTIC	.264606	5,999	1,587
41	02 CAT SCAN	.080719	21,373	1,725
41	02 DIAGNOSTIC ULTRASOUND	.276662	1,485	411
41	03 NUCLEAR MEDICINE	.182926	15,489	2,833
42	RADIOLOGY-THERAPEUTIC	.215344		
43	RADIOISOTOPE			
44	LABORATORY	.205630	69,669	14,326
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	8.119747		
48	INTRAVENOUS THERAPY	.803569	3,110	2,499
49	RESPIRATORY THERAPY	.163975	6,241	1,023
50	PHYSICAL THERAPY	.348984	24,508	8,553
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.583981	4,096	2,392
53	01 CARDIAC CATHETERIZATION LABORATORY	.264346	2,400	634
53	02 CARDIOPULMONARY	3.129806		
53	03 ELECTROCONVULSIVE THERAPY	1.378941		
54	ELECTROENCEPHALOGRAPHY	.343195		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285191	16,342	4,661
56	DRUGS CHARGED TO PATIENTS	.368461	136,223	50,193
57	RENAL DIALYSIS	1.486337		
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.657143		
59	01 OUTREACH CLINIC	.596558	67,936	40,528
59	02 ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	12.542827		
60	02 OB-PEDS CLINIC	47.169640		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS	2.264374		
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.204944	38,879	7,968
61	01 DIAGNOSTIC TREATMENT CENTER	.648593		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874625		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		454,658	149,612
102	LESS PBP CLINIC LABORATORY SERVICES -			
102	PROGRAM ONLY CHARGES			
103	NET CHARGES		454,658	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2008	I	
I	15-T100	I		I	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26 01	INTENSIVE CARE UNIT			
26 02	PEDIATRIC ICU			
27	NEONATAL ICU			
31	CORONARY CARE UNIT			
31 01	SUBPROVIDER 2		3,670,893	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.434132	261,437	113,498
39	RECOVERY ROOM	.251261	2,542	639
40	DELIVERY ROOM & LABOR ROOM	1.156431		
41	ANESTHESIOLOGY	.034770	1,618	56
41 01	RADIOLOGY-DIAGNOSTIC	.264606	122,770	32,486
41 02	CAT SCAN	.080719	121,639	9,819
41 03	DIAGNOSTIC ULTRASOUND	.276662	96,085	26,583
42	NUCLEAR MEDICINE	.182926	18,700	3,421
43	RADIOLOGY-THERAPEUTIC	.215344	22,367	4,817
44	RADIOISOTOPE			
45	LABORATORY	.205630	665,495	136,846
47	PBP CLINICAL LAB SERVICES-PRGM ONLY			
48	BLOOD STORING, PROCESSING & TRANS.	8.119747		
49	INTRAVENOUS THERAPY	.803569	8,860	7,120
50	RESPIRATORY THERAPY	.163975	257,405	42,208
51	PHYSICAL THERAPY	.348984	4,771,588	1,665,208
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
53 01	ELECTROCARDIOLOGY	.583981	37,553	21,930
53 02	CARDIAC CATHETERIZATION LABORATORY	.264346	4,080	1,079
53 03	CARDIOPULMONARY	3.129806	336	1,052
54	ELECTROCONVULSIVE THERAPY	1.378941		
55	ELECTROENCEPHALOGRAPHY	.343195	990	340
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285191	308,823	88,074
57	DRUGS CHARGED TO PATIENTS	.368461	949,899	350,001
58	RENAL DIALYSIS	1.486337		
59	ASC (NON-DISTINCT PART)			
59 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.657143		
59 02	OUTREACH CLINIC	.596558	198	118
60	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60 01	CLINIC			
60 02	SENIOR HEALTH/FAMILY PRACTICE	12.542827		
60 03	OB-PEDS CLINIC	47.169640		
60 04	ORTHOPEDIC SVC			
60 05	BARIATRICS	2.264374		
61	CHILD HEALTH CTR			
61 01	EMERGENCY	.204944	8,823	1,808
62	DIAGNOSTIC TREATMENT CENTER	.648593	8,442	5,475
64	OBSERVATION BEDS (NON-DISTINCT PART)	.874625		
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-RENTED			
102	DURABLE MEDICAL EQUIP-SOLD			
103	TOTAL		7,669,650	2,512,578
104	LESS PBP CLINIC LABORATORY SERVICES -			
105	PROGRAM ONLY CHARGES			
106	NET CHARGES		7,669,650	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2008	I	
I	15-0100	I		I	

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		1,024,093	
26	INTENSIVE CARE UNIT		579,591	
26	01 PEDIATRIC ICU			
26	02 NEONATAL ICU		604,887	
27	CORONARY CARE UNIT		73,795	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.434132	1,354,346	587,965
38	RECOVERY ROOM	.251261	133,628	33,576
39	DELIVERY ROOM & LABOR ROOM	1.156431	109,309	126,408
40	ANESTHESIOLOGY	.034770	80,258	2,791
41	RADIOLOGY-DIAGNOSTIC	.264606	387,790	102,612
41	01 CAT SCAN	.080719	451,115	36,414
41	02 DIAGNOSTIC ULTRASOUND	.276662	37,567	10,393
41	03 NUCLEAR MEDICINE	.182926	149,075	27,270
42	RADIOLOGY-THERAPEUTIC	.215344	30,510	6,570
43	RADIOISOTOPE			
44	LABORATORY	.205630	991,939	203,972
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	8.119747	1,457	11,830
48	INTRAVENOUS THERAPY	.803569	65,647	52,752
49	RESPIRATORY THERAPY	.163975	766,949	125,760
50	PHYSICAL THERAPY	.348984	472,318	164,831
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.583981	74,169	43,313
53	01 CARDIAC CATHETERIZATION LABORATORY	.264346	546,108	144,361
53	02 CARDIOPULMONARY	3.129806	1,127	3,527
53	03 ELECTROCONVULSIVE THERAPY	1.378941	2,868	3,955
54	ELECTROENCEPHALOGRAPHY	.343195	6,414	2,201
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285191	2,958,244	843,665
56	DRUGS CHARGED TO PATIENTS	.368461	1,494,227	550,564
57	RENAL DIALYSIS	1.486337	48,620	72,266
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.657143	21	35
59	01 OUTREACH CLINIC	.596558	10,459	6,239
59	02 ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	12.542827	280	3,512
60	02 OB-PEDS CLINIC	47.169640		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS	2.264374		
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.204944	456,407	93,538
61	01 DIAGNOSTIC TREATMENT CENTER	.648593	81,337	52,755
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874625	27,815	24,328
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		10,740,004	3,337,403
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		10,740,004	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2008	I	
I	15-S100	I		I	

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	01 INTENSIVE CARE UNIT			
26	02 PEDIATRIC ICU			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		95,076	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.434132	48,682	21,134
38	RECOVERY ROOM	.251261	4,803	1,207
39	DELIVERY ROOM & LABOR ROOM	1.156431	3,929	4,544
40	ANESTHESIOLOGY	.034770	2,885	100
41	RADIOLOGY-DIAGNOSTIC	.264606	13,939	3,688
41	01 CAT SCAN	.080719	16,215	1,309
41	02 DIAGNOSTIC ULTRASOUND	.276662	1,350	373
41	03 NUCLEAR MEDICINE	.182926	5,359	980
42	RADIOLOGY-THERAPEUTIC	.215344	1,097	236
43	RADIOISOTOPE			
44	LABORATORY	.205630	35,655	7,332
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	8.119747	52	422
48	INTRAVENOUS THERAPY	.803569	2,360	1,896
49	RESPIRATORY THERAPY	.163975	27,568	4,520
50	PHYSICAL THERAPY	.348984	16,978	5,925
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.583981	2,666	1,557
53	01 CARDIAC CATHETERIZATION LABORATORY	.264346	19,630	5,189
53	02 CARDIOPULMONARY	3.129806	41	128
53	03 ELECTROCONVULSIVE THERAPY	1.378941	103	142
54	ELECTROENCEPHALOGRAPHY	.343195	231	79
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285191	106,334	30,325
56	DRUGS CHARGED TO PATIENTS	.368461	53,710	19,790
57	RENAL DIALYSIS	1.486337	1,748	2,598
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.657143	1	2
59	01 OUTREACH CLINIC	.596558	376	224
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	12.542827	10	125
60	02 OB-PEDS CLINIC	47.169640		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS	2.264374		
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.204944	16,406	3,362
61	01 DIAGNOSTIC TREATMENT CENTER	.648593	2,924	1,896
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874625	1,000	875
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		386,052	119,958
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		386,052	

TITLE XIX		SUBPROVIDER 2		OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
26	01 INTENSIVE CARE UNIT				
26	02 PEDIATRIC ICU				
27	02 NEONATAL ICU				
31	CORONARY CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER 2		181,690		
37	ANCILLARY SRVC COST CNTRS				
38	OPERATING ROOM	.434132	40,568	17,612	
39	RECOVERY ROOM	.251261	4,003	1,006	
40	DELIVERY ROOM & LABOR ROOM	1.156431	3,274	3,786	
41	ANESTHESIOLOGY	.034770	2,404	84	
41	RADIOLOGY-DIAGNOSTIC	.264606	11,616	3,074	
41	01 CAT SCAN	.080719	13,513	1,091	
41	02 DIAGNOSTIC ULTRASOUND	.276662	1,125	311	
41	03 NUCLEAR MEDICINE	.182926	4,465	817	
42	RADIOLOGY-THERAPEUTIC	.215344	914	197	
43	RADIOISOTOPE				
44	LABORATORY	.205630	29,713	6,110	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
47	BLOOD STORING, PROCESSING & TRANS.	8.119747	44	357	
48	INTRAVENOUS THERAPY	.803569	1,966	1,580	
49	RESPIRATORY THERAPY	.163975	22,973	3,767	
50	PHYSICAL THERAPY	.348984	14,148	4,937	
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY	.583981	2,222	1,298	
53	01 CARDIAC CATHETERIZATION LABORATORY	.264346	16,358	4,324	
53	02 CARDIOPULMONARY	3.129806	34	106	
53	03 ELECTROCONVULSIVE THERAPY	1.378941	86	119	
54	ELECTROENCEPHALOGRAPHY	.343195	192	66	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285191	88,612	25,271	
56	DRUGS CHARGED TO PATIENTS	.368461	44,759	16,492	
57	RENAL DIALYSIS	1.486337	1,456	2,164	
58	ASC (NON-DISTINCT PART)				
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.657143	1	2	
59	01 OUTREACH CLINIC	.596558	313	187	
59	02 ACUPUNCTURE				
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 SENIOR HEALTH/FAMILY PRACTICE	12.542827	8	100	
60	02 OB-PEDS CLINIC	47.169640			
60	03 ORTHOPEDIC SVC				
60	04 BARIATRICS	2.264374			
60	05 CHILD HEALTH CTR				
61	EMERGENCY	.204944	13,671	2,802	
61	01 DIAGNOSTIC TREATMENT CENTER	.648593	2,436	1,580	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874625	833	729	
64	OTHER REIMBURS COST CNTRS				
65	HOME PROGRAM DIALYSIS				
66	AMBULANCE SERVICES				
67	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		321,707	99,969	
102	LESS PBP CLINIC LABORATORY SERVICES -				
102	PROGRAM ONLY CHARGES				
103	NET CHARGES		321,707		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART A
I	15-0100	I		I	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	10,743,807	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12,156,254	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	25,211,241	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	1,077,873	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1,118,554	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	220,619	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,124,177	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	373.20	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	16.42	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	12.42	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	2.17	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	2.17	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	3.30	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	8.00	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	4.49	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.012031	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.009199	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.009199	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	57,974	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	66,573	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	127,541	
SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	252,088	252,088
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.17	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	17.15	
4.02 SUM OF LINES 4 AND 4.01	23.32	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	9.77	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,700,474	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART A
I	15-0100	I		I	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	55,188,041	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	55,188,041	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,496,827	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	180,598	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	17,321	
16 TOTAL	59,882,787	
17 PRIMARY PAYER PAYMENTS	55,084	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	59,827,703	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,648,995	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	252,288	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	643,580	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	450,506	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	511,021	
22 SUBTOTAL	55,376,926	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	55,376,926	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	55,852,570	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-475,644	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	457,762	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART B
I	15-0100	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,362
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	27,630,045
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	20,390,922
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.800
1.04	LINE 1.01 TIMES LINE 1.03.	22,104,036
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	92.25
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	22,502
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,362

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	10,989
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	10,989

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	10,989
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,627
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,362
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	20,413,424

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	16,493
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,078,826
19	SUBTOTAL (SEE INSTRUCTIONS)	15,321,467
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	68,446
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	15,389,913
24	PRIMARY PAYER PAYMENTS	5,032
25	SUBTOTAL	15,384,881

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	708,266
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	495,786
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	572,937
28	SUBTOTAL	15,880,667
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	15,880,667
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	15,961,926
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-81,259
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		55,817,868 NONE		15,697,241 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/28/2008	90,924	1/28/2008	275,640
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	1/28/2008	56,222	1/28/2008	10,955
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		34,702		264,685
4 TOTAL INTERIM PAYMENTS		55,852,570		15,961,926
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:
SIGNATURE OF AUTHORIZED PERSON: _____
DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		534,650 NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	2/ 1/2008	.50 20,125		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99 -20,125		NONE
4 TOTAL INTERIM PAYMENTS		514,525		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99 NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		6,462,808		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		6,462,808		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
I 15-0100	I FROM 7/ 1/2007	I WORKSHEET E-3
I COMPONENT NO:	I TO 6/30/2008	I PART I
I 15-S100	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	667,818
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	166,955
1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03 MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05 OUTLIER PAYMENTS	
1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	390,336
1.09 NET IPF PPS OUTLIER PAYMENTS	9,728
1.10 NET IPF PPS ECT PAYMENTS	15,506
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.133880
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	415,570
1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	467,473
1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	350,605
1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	582,525
INPATIENT REHABILITATION FACILITY (IRF)	
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2 ORGAN ACQUISITION	
3 COST OF TEACHING PHYSICIANS	
4 SUBTOTAL (SEE INSTRUCTIONS)	582,525
5 PRIMARY PAYER PAYMENTS	
6 SUBTOTAL	582,525
7 DEDUCTIBLES	47,296
8 SUBTOTAL	535,229
9 COINSURANCE	9,432
10 SUBTOTAL	525,797
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	6,976
11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,883
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5,984
12 SUBTOTAL	530,680
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	14
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15 OTHER ADJUSTMENTS (SPECIFY)	
15.99 OUTLIER RECONCILIATION ADJUSTMENT	
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	530,694
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	514,525
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	16,169
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	----- FI ONLY -----
50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	6,102,960
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0345
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	314,528
1.05	OUTLIER PAYMENTS	219,265
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,636,753
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.456284
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	6,636,753
5	PRIMARY PAYER PAYMENTS	808
6	SUBTOTAL	6,635,945
7	DEDUCTIBLES	48,224
8	SUBTOTAL	6,587,721
9	COINSURANCE	48,040
10	SUBTOTAL	6,539,681
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	6,539,681
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	361
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

Health Financial systems	MCRIF32	FOR ST. MARY'S MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)		
			I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
			I 15-0100	I FROM 7/ 1/2007	I WORKSHEET E-3
CALCULATION OF REIMBURSEMENT SETTLEMENT			I COMPONENT NO:	I TO 6/30/2008	I PART I
			I 15-T100	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,540,042
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,462,808
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	77,234
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
----- FI ONLY -----		
50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)	
	OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE	
	OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
15-0100	I	FROM 7/ 1/2007	I	WORKSHEET E-3
COMPONENT NO:	I	TO 6/30/2008	I	PART III
-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		5,495,156	
3	MEDICAL AND OTHER SERVICES		2,983,377	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		8,478,533	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		8,478,533	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,263,366	
11	ANCILLARY SERVICE CHARGES		21,015,377	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		23,278,743	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		23,278,743	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		14,800,210	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		8,478,533	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		8,478,533	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		8,478,533	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		8,478,533	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		8,478,533	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	ADJUST SETTLEMENT TO ZERO		-3,742,492	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		4,736,041	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		4,736,041	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		4,736,041	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial SystemsMCRIF32FOR ST. MARY'S MEDICAL CENTER

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

PROVIDER NO: 15-0100

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

COMPONENT NO: -

PREPARED 11/24/2008

WORKSHEET E-3

PART III

TITLE XIXHOSPITAL

OTHER

TITLE V OR

TITLE XIX

1

TITLE XVIII

SNF PPS

2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		18.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	12.42	12.42
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		
3.10	SEE INSTRUCTIONS		
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.73
3.12	SEE INSTRUCTIONS		1.73
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		2.50
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.41
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.41
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		85,778.00
3.18	SEE INSTRUCTIONS		120,947
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		1.21
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		11.96
3.21	SEE INSTRUCTIONS	RES INIT YEARS	4.39
3.22	SEE INSTRUCTIONS		4.39
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		90,692.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		398,138
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		519,085

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		40,931
5	TOTAL INPATIENT DAYS		88,164
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.464260
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	240,990	240,990
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,593
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		88,164
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		8,054
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,620,329
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

Health Financial Systems	MCRIF32	FOR ST. MARY'S MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
DIRECT GRADUATE MEDICAL EDUCATION (GME)			PREPARED 11/24/2008
& ESRD OUTPATIENT DIRECT MEDICAL	I	PROVIDER NO: 15-0100	I PERIOD: FROM 7/ 1/2007 TO 6/30/2008
EDUCATION COSTS	I		I WORKSHEET E-3 PART IV

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST	
12 REASONABLE COST (SEE INSTRUCTIONS)	73,014,307
13 ORGAN ACQUISITION COSTS	
14 COST OF TEACHING PHYSICIANS	
15 PRIMARY PAYER PAYMENTS	55,892
16 TOTAL PART A REASONABLE COST	72,958,415
PART B REASONABLE COST	
17 REASONABLE COST	27,655,909
18 PRIMARY PAYER PAYMENTS	5,032
19 TOTAL PART B REASONABLE COST	27,650,877
20 TOTAL REASONABLE COST	100,609,292
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.725166
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.274834

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23 TOTAL PROGRAM GME PAYMENT	
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	249,044
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	180,598
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	68,446

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.42	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	18.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.42	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)	
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	83,947.00
9 MULTIPLY LINE 7 TIMES LINE 8	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	12.42
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	16.42
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	12.42

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

I
I
IPROVIDER NO:
15-0100I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/24/2008
I
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	11,109,136			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	141,033,402			
5 OTHER RECEIVABLES	-88,413,833			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	6,768,344			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	411,276			
10 DUE FROM OTHER FUNDS	20,077,644			
11 TOTAL CURRENT ASSETS	90,985,969			
FIXED ASSETS				
12 LAND	10,016,328			
12.01 LAND IMPROVEMENTS	8,978,750			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	147,440,619			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	1,647,697			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	155,157,665			
16.01 LESS ACCUMULATED DEPRECIATION	-212,447,357			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	110,793,702			
OTHER ASSETS				
22 INVESTMENTS	257,462,011			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	8,369,752			
26 TOTAL OTHER ASSETS	265,831,763			
27 TOTAL ASSETS	467,611,434			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11,738,088			
29 SALARIES, WAGES & FEES PAYABLE	16,138,757			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,783,724			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	3,268,663			
35 OTHER CURRENT LIABILITIES	3,406,417			
36 TOTAL CURRENT LIABILITIES	36,335,649			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	142,030,173			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	10,568,677			
42 TOTAL LONG-TERM LIABILITIES	152,598,850			
43 TOTAL LIABILITIES	188,934,499			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	278,676,935			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	278,676,935			
52 TOTAL LIABILITIES AND FUND BALANCES	467,611,434			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		251,041,542		
2 NET INCOME (LOSS)		27,635,387		
3 TOTAL		278,676,929		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 ROUNDING	6			
7				
8				
9				
10 TOTAL ADDITIONS		6		
11 SUBTOTAL		278,676,935		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		278,676,935		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 ROUNDING				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	28,680,944		28,680,944
2 00 SUBPROVIDER	2,719,423		2,719,423
2 01 SUBPROVIDER 2	5,196,806		5,196,806
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	36,597,173		36,597,173
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	16,577,817		16,577,817
10 01 PEDIATRIC ICU			
10 02 NEONATAL ICU	17,301,327		17,301,327
11 00 CORONARY CARE UNIT	2,110,715		2,110,715
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	35,989,859		35,989,859
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	72,587,032		72,587,032
17 00 ANCILLARY SERVICES	333,272,486	337,216,967	670,489,453
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00 NURSERY	610,790		610,790
25 00 TOTAL PATIENT REVENUES	406,470,308	337,216,967	743,687,275

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	298,713,760
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	298,713,760

DESCRIPTION

1	TOTAL PATIENT REVENUES	743,687,275
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	401,153,589
3	NET PATIENT REVENUES	342,533,686
4	LESS: TOTAL OPERATING EXPENSES	298,713,760
5	NET INCOME FROM SERVICE TO PATIENTS	43,819,926
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INC	14,195,355
24.01	REMOVE EXP ON WS A NOT ON P&L	788,516
25	TOTAL OTHER INCOME	14,983,871
26	TOTAL	58,803,797
	OTHER EXPENSES	
27	BAD DEBT EXP NOT ON WS A	31,168,410
28		
29		
30	TOTAL OTHER EXPENSES	31,168,410
31	NET INCOME (OR LOSS) FOR THE PERIOD	27,635,387

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0100	I	FROM 7/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2008	I	PARTS I-IV
I	15-0100	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,082,543
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	192,194
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	211.30
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	4.49
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.60
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	24,495
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6.17
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.15
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.32
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.84
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	197,595
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,496,827

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	